

FORMULARY INSTRUCTIONS

At State Managed Care Network, we want to make sure you get the prescription medications you need.

This is a list of medications covered by your plan. If a medication is not on the formulary list, it is not covered. Use this list to find out if your medication is covered. Medications are listed alphabetically. Updates are generally made at the first of each month.

Each prescription drug has been assigned a tier. Tiers determine what your copay will be. For example, tier one drugs are usually generic and cost the least, so copays for those drugs will be the lowest. A specialty or brand name drug that is more expensive will have a higher copay.

Tiers are listed to the right of the drug name, along with any special codes that apply. You can view an index explaining the codes at the bottom of each page.

If you have any questions, call us at 303-751-9051 or 800-414-6198 (toll free).

Search Tip:

You can search quickly and easily by clicking on the binoculars icon on your toolbar, or by using the command Control+Shift+F. This will display a search box for you to enter the name of the drug you want to find. If you're not sure about the spelling, you can start your search by typing just the first few letters of the drug name.

If you need this document in large print, Braille, or other formats or languages, or read aloud, or need a copy, call 800-511-5010. For TDD/TTY, call 888-803-4494. Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Si necesita este documento en letra grande, Braille, otros formatos o idiomas, o se lea en voz alta, o necesita otra copia, llame al 800-511-5010. Para TDD/TTY, llame al 888-803-4494. Llame de lunes a viernes, de 8 a.m. a 5 p.m. La llamada es gratis.

Search Tip:

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Colorado Access Child Health Plan Plus State Managed Care Network
Alphabetical Index
Last Updated 6/1/2019

| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| 8-MOP CAP | - | 2 | DERMATOLOGICALS |
| abacavir soln (ZIAGEN equiv) | - | 1 | ANTIVIRALS |
| abacavir tab (ZIAGEN equiv) | - | 1 | ANTIVIRALS |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 1 | ANTIVIRALS |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 1 | ANTIVIRALS |
| ABILIFY DISCMELT (QL= 1 tab/day) | QL | 2 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| ABILIFY SOLN | - | 2 | ANTI PSYCHOTICS/ANTIMANIC AGENTS |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| acarbose tab (PRECOSE equiv) | - | 1 | ANTI DIABETICS |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK NANO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| ACCU-CHEK TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| acebutolol cap (SECTRAL equiv) | - | 1 | BETA BLOCKERS |
| acetaminophen/codeine soln | - | 1 | ANALGESICS - OPIOID |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 | ANALGESICS - OPIOID |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 1 | DIURETICS |
| acetazolamide tab | - | 1 | DIURETICS |
| acetic acid otic soln (VOSOL equiv) | - | 1 | OTIC AGENTS |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 | OTIC AGENTS |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 | OTIC AGENTS |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 | COUGH/COLD/ALLERGY |
| ACIDIC VAGINAL JELLY | - | 2 | VAGINAL PRODUCTS |
| acitretin cap (SORIATANE equiv) | - | 1 | DERMATOLOGICALS |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 | ANTINEOPLASTICS |
| acyclovir cap (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 1 | DERMATOLOGICALS |
| acyclovir susp (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| acyclovir tab (ZOVIRAX equiv) | - | 1 | ANTIVIRALS |
| adapalene cream (DIFFERIN equiv) | - | 1 | DERMATOLOGICALS |
| adapalene gel (DIFFERIN equiv) | - | 1 | DERMATOLOGICALS |
| ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 | DERMATOLOGICALS |
| ADDERALL XR CAP (QL= 2 caps/day) | QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ADVAIR DISKUS INHALER | - | 1 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |
| ADVAIR HFA INHALER | - | 2 | ANTI ASTHMATIC AND BRONCHODILATOR AGENTS |

| | | | | | |
|-----|---------------------------------------|-----|---|------|---|
| INF | NC =Not Covered Infertility | LD | generic =small letters Limited Distribution | LMSP | BRANDS =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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Colorado Access Child Health Plan Plus State Managed Care Network Cont.
Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| AEROCHAMBER | OTC | 2 | MEDICAL DEVICES AND SUPPLIES |
| AFLURIA INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| AFLURIA INJ, FLUZONE INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| albuterol neb soln 0.083% (PROVENTIL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 0.5% (VENTOLIN equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 0.63mg (ACCUNEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol neb soln 1.25mg (ACCUNEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate syrup | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol sulfate tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ALBUTEROL TAB ER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| alclometasone cream (ACLOVATE equiv) | - | 1 | DERMATOLOGICALS |
| alclometasone oint (ACLOVATE OINT equiv) | - | 1 | DERMATOLOGICALS |
| ALCOHOL SWABS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| alendronate tab (FOSAMAX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALENDRONATE TAB 40MG | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ALFERON-N INJ | LMSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| alfuzosin SR tab (UROXATRAL equiv) | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| ALINIA TAB (QL= 6 tabs/3 days) | PA-QL | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 | GOUT AGENTS |
| ALOCRILOPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ALOMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| alosectron tab (LOTRONEX equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 | OPHTHALMIC AGENTS |
| ALPHAGAN P OPHTH SOLN 0.15% | - | 2 | OPHTHALMIC AGENTS |
| alprazolam ER tab (XANAX XR equiv) | - | 1 | ANTIAXIETY AGENTS |
| alprazolam ODT (NIRAVAM equiv) | - | 1 | ANTIAXIETY AGENTS |
| alprazolam tab (XANAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| ALREX OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| ALTRENO LOTION | - | 2 | DERMATOLOGICALS |
| aluminum chloride soln (DRYSOL equiv) | - | 1 | DERMATOLOGICALS |
| amantadine syrup (SYMMETREL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ambrisentan tab (LETAIRIS equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 1 | CARDIOVASCULAR AGENTS - MISC. |

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| MSP | Infertility | OTC | Limited Distribution | PA | Lumicera Mandatory Specialty Pharmacy Program |
| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| ST | Quantity Limit | VAC | Restricted to Specialist | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|--|---------------------|-------------|---|
| amethyst tab (LYBREL equiv) | - | 1 | CONTRACEPTIVES |
| AMICAR SOLN | - | 2 | HEMOSTATICS |
| amiloride tab (MIDAMOR equiv) | - | 1 | DIURETICS |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 | DIURETICS |
| aminocaproic acid syrup (AMICAR equiv) | - | 1 | HEMOSTATICS |
| aminocaproic acid tab (AMICAR equiv) | - | 1 | HEMOSTATICS |
| aminophylline tab | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| amiodarone tab (CORDARONE equiv) | - | 1 | ANTIARRHYTHMICS |
| amitriptyline tab (ELAVIL equiv) | - | 1 | ANTIDEPRESSANTS |
| amlodipine tab (NORVASC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| amlodipine/atorvastatin tab (CADUET equiv) | - | 1 | CARDIOVASCULAR AGENTS - MISC. |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 | ANTIHYPERTENSIVES |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | 1 | DERMATOLOGICALS |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | 1 | DERMATOLOGICALS |
| AMOXAPINE TAB | - | 1 | ANTIDEPRESSANTS |
| amoxicillin cap (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin chew tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| AMOXICILLIN CHEW TAB 250MG | - | 1 | PENICILLINS |
| amoxicillin susp (TRIMOX equiv) | - | 1 | PENICILLINS |
| amoxicillin tab (AMOXIL equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 | PENICILLINS |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 | PENICILLINS |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ampicillin cap (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| ampicillin susp (PRINCIPEN equiv) | - | 1 | PENICILLINS |
| anagrelide cap (AGRYLIN equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| anastrozole tab (ARIMIDEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| ANDROXY TAB | - | 2 | ANDROGENS-ANABOLIC |
| APHTHASOL PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| apraclonidine ophth soln (IOPIDINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 1 | ANTIEMETICS |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 1 | ANTIEMETICS |
| apri tab (DESOGEN equiv) | - | 1 | CONTRACEPTIVES |
| APTIVUS CAP | - | 2 | ANTIVIRALS |
| APTIVUS SOLN | - | 2 | ANTIVIRALS |
| aranelle tab (TRI-NORINYL equiv) | - | 1 | CONTRACEPTIVES |
| aripiprazole ODT (ABILIFY equiv) (QL= 1 tab/day) | QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole soln (ABILIFY equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day) | QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 | THYROID AGENTS |

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|---|---------------------|-------------|---|
| ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| aspirin/codeine tab | - | 1 | ANALGESICS - OPIOID |
| atazanavir cap (REYATAZ equiv) | - | 1 | ANTIVIRALS |
| atenolol tab (TENORMIN equiv) | - | 1 | BETA BLOCKERS |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| atomoxetine cap (STRATTERA CAP equiv) (QL= 1 cap/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day) | QL | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| atovaquone susp (MEPRON equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| ATRIPLA TAB | - | 2 | ANTIVIRALS |
| atropine ophth oint | - | 1 | OPHTHALMIC AGENTS |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| AVANDAMET TAB | - | 2 | ANTIDIABETICS |
| AVANDARYL TAB | - | 2 | ANTIDIABETICS |
| AVANDIA TAB | - | 2 | ANTIDIABETICS |
| AVAR GEL | - | 2 | DERMATOLOGICALS |
| AVC VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| aviane tab (ALESSE equiv) | - | 1 | CONTRACEPTIVES |
| AVONEX INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AVONEX INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| AZASITE SOLN | - | 2 | OPHTHALMIC AGENTS |
| azathioprine tab (IMURAN equiv) | - | 1 | ASSORTED CLASSES |
| azelaic acid gel (FINACEA equiv) | - | 1 | DERMATOLOGICALS |
| azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 1 bottle/month) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 1 bottle/month) | QL | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 | OPHTHALMIC AGENTS |
| azithromycin susp (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| azithromycin tab (ZITHROMAX equiv) | - | 1 | MACROLIDES |
| BACITRACIN OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| baclofen tab 10mg, 20mg | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| balsalazide cap (COLAZAL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| BANZEL SUSP (QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate) | QL-ST | 2 | ANTICONVULSANTS |
| BANZEL TAB (QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate) | QL-ST | 2 | ANTICONVULSANTS |
| B-D INSULIN SYRINGE | --OTC | 1 | MEDICAL DEVICES AND SUPPLIES |

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| B-D PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 | ULCER DRUGS |
| benazepril tab (LOTENSIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| BENZNIDAZOLE TAB | PA | 2 | ANTHELMINTICS |
| benzonatate cap (TESSALON equiv) | - | 1 | COUGH/COLD/ALLERGY |
| benztropine tab | - | 1 | ANTIPARKINSON AGENTS |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 | DERMATOLOGICALS |
| BETAMETHASONE AUGMENTED GEL | - | 1 | DERMATOLOGICALS |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 1 | DERMATOLOGICALS |
| betamethasone valerate cream | - | 1 | DERMATOLOGICALS |
| betamethasone valerate lotion | - | 1 | DERMATOLOGICALS |
| betamethasone valerate oint | - | 1 | DERMATOLOGICALS |
| BETASERON INJ (Step Therapy requires trial of 2 of the 3 products: AVONEX, REBIF, COPAXONE) | LMSP-ST | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 | OPHTHALMIC AGENTS |
| betaxolol tab (KERLONE equiv) | - | 1 | BETA BLOCKERS |
| bethanechol tab (URECHOLINE equiv) | - | 1 | URINARY ANTISPASMODICS |
| BETHKIS NEB SOLN | MSP | 2 | AMINOGLYCOSIDES |
| BETIMOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BETOPTIC-S OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| bexarotene cap (TARGRETIN equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bicalutamide tab (CASODEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| bisoprolol tab (ZEBETA equiv) | - | 1 | BETA BLOCKERS |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 | ANTIHYPERTENSIVES |
| BLEPHAMIDE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| BREO ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 | OPHTHALMIC AGENTS |
| brimonidine ophth soln 0.2% | - | 1 | OPHTHALMIC AGENTS |
| bromocriptine cap (PARLODEL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| bromocriptine tab (PARLODEL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| budesonide inh susp (PULMICORT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine) | ST | 1 | CORTICOSTEROIDS |
| buffered aspirin | OTC | 1 | ANALGESICS - NONNARCOTIC |
| bumetanide tab (BUMEX equiv) | - | 1 | DIURETICS |
| BUNAVAIL FILM | - | 2 | ANALGESICS - OPIOID |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion SR tab (ZYBAN equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|---|
| bupropion tab (WELLBUTRIN equiv) | - | 1 | ANTIDEPRESSANTS |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 | ANTIDEPRESSANTS |
| bupirone tab (BUSPAR equiv) | - | 1 | ANTIANKXIETY AGENTS |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/30 days) | QL | 1 | ANALGESICS - OPIOID |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 | ANTIDIABETICS |
| cabergoline tab (DOSTINEX equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| calcipotriene oint | - | 1 | DERMATOLOGICALS |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 1 | DERMATOLOGICALS |
| calcitonin nasal spray (MIACALCIN equiv) (QL= 1 bottle/30 days) | QL | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol cap (ROCALTRONL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| CALCITRIOL INJ | LMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol inj (CALCIJEX equiv) | LMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcitriol soln (ROCALTRONL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| calcium acetate cap (PHOSLO equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| CALIBRATION LIQUID | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| capecitabine tab (XELODA equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| captopril tab (CAPOTEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| CARAFATE SUSP | - | 2 | ULCER DRUGS |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 | ANTICONSULSANTS |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 | ANTICONSULSANTS |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 1 | ANTICONSULSANTS |
| carbamazepine susp (TEGRETOL equiv) | - | 1 | ANTICONSULSANTS |
| carbamazepine tab (TEGRETOL equiv) | - | 1 | ANTICONSULSANTS |
| carbidopa tab (LODOSYN equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 | ANTIPARKINSON AGENTS |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 | ANTIPARKINSON AGENTS |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 | ANTIPARKINSON AGENTS |
| carbinoxamine soln (PALGIC equiv) | - | 1 | ANTIHISTAMINES |
| carbinoxamine tab (PALGIC equiv) | - | 1 | ANTIHISTAMINES |
| carisoprodol tab (SOMA equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 | OPHTHALMIC AGENTS |
| carvedilol tab (COREG equiv) | - | 1 | BETA BLOCKERS |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| CEENU CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cefaclor cap (CECLOR equiv) | - | 1 | CEPHALOSPORINS |

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|--|---------------------|-------------|---|
| cefadroxil cap (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil susp (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefadroxil tab (DURICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir cap (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefdinir susp (OMNICEF equiv) | - | 1 | CEPHALOSPORINS |
| cefixime susp (SUPRAX equiv) | - | 1 | CEPHALOSPORINS |
| cefpodoxime proxetil susp (VANTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefpodoxime proxetil tab (VANTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil susp (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| cefprozil tab (CEFZIL equiv) | - | 1 | CEPHALOSPORINS |
| CEFTIN SUSP | - | 2 | CEPHALOSPORINS |
| cefuroxime susp (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| cefuroxime tab (CEFTIN equiv) | - | 1 | CEPHALOSPORINS |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS) | QL-ST | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| CELLCEPT CAP | - | 2 | ASSORTED CLASSES |
| CELLCEPT TAB | - | 2 | ASSORTED CLASSES |
| CELONTIN CAP | - | 2 | ANTICONVULSANTS |
| cephalexin cap (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| cephalexin susp (KEFLEX equiv) | - | 1 | CEPHALOSPORINS |
| CEREZYME INJ | MSP-PA | 2 | HEMATOPOIETIC AGENTS |
| cesia tab (CYCLESSA equiv) | - | 1 | CONTRACEPTIVES |
| cetirizine syrup (ZYRTEC equiv) (QL= 300 ml/30 days) | OTC-QL | 1 | ANTIHISTAMINES |
| cetirizine tab (ZYRTEC equiv) | OTC | 1 | ANTIHISTAMINES |
| cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| cevimeline cap (EVOXAC equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| CHANTIX PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHANTIX TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| CHEMET CAP | - | 2 | ANTIDOTES |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 | ANTIANKXIETY AGENTS |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 1 | ULCER DRUGS |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| chloroquine tab (ARALEN equiv) | - | 1 | ANTIMALARIALS |
| chlorothiazide tab (DIURIL equiv) | - | 1 | DIURETICS |
| CHLOROTHIAZIDE TAB 250MG | - | 1 | DIURETICS |
| chlorpheniramine ER cap | - | 1 | ANTIHISTAMINES |
| chlorpromazine tab (THORAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| chlorpropamide tab (DIABINESE equiv) | - | 1 | ANTIDIABETICS |
| CHLORTHALIDONE TAB | - | 1 | DIURETICS |
| CHLORZOXAZONE TAB 500MG | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 | ANALGESICS - NONNARCOTIC |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 | ANALGESICS - NONNARCOTIC |

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|---|---------------------|-------------|--|
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 | DERMATOLOGICALS |
| cilostazol tab (PLETAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| CIMDUO TAB | - | 2 | ANTIVIRALS |
| CIMETIDINE SOLN | - | 1 | ULCER DRUGS |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | LMSP-PA-QL | 2 | GASTROINTESTINAL AGENTS - MISC. |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| CIPRODEX OTIC SUSP | - | 2 | OTIC AGENTS |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| CIPROFLOXACIN OTIC SOLN | - | 2 | OTIC AGENTS |
| ciprofloxacin susp (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| ciprofloxacin tab (CIPRO equiv) | - | 1 | FLUOROQUINOLONES |
| CISPLATIN INJ | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cisplatin inj (PLATINOL AQ equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| citalopram soln (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| citalopram tab (CELEXA equiv) | - | 1 | ANTIDEPRESSANTS |
| CLARITHROMYC SUSP | - | 2 | MACROLIDES |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 1 | MACROLIDES |
| clarithromycin susp (BIAXIN equiv) | - | 1 | MACROLIDES |
| clarithromycin tab (BIAXIN equiv) | - | 1 | MACROLIDES |
| clindamycin cap (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin soln (CLEOCIN equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 | VAGINAL PRODUCTS |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 1 | DERMATOLOGICALS |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 1 | DERMATOLOGICALS |
| CLINISTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| clobazam tab (ONFI equiv) (QL= 2 tabs/day) | PA-QL | 1 | ANTICONVULSANTS |
| clobetasol foam (OLUX equiv) | PA | 1 | DERMATOLOGICALS |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 | DERMATOLOGICALS |
| clobetasol spray (CLOBEX equiv) | PA | 1 | DERMATOLOGICALS |
| clomipramine cap (ANAFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| clonazepam ODT (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonazepam tab (KLONOPIN equiv) | - | 1 | ANTICONVULSANTS |
| clonidine ER tab (KAPVAY equiv) (QL= 2 tabs/day) | QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| clonidine patch (CATAPRES-TTS equiv) | - | 1 | ANTIHYPERTENSIVES |

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|---|---------------------|-------------|--|
| clonidine tab (CATAPRES equiv) | - | 1 | ANTIHYPERTENSIVES |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| clorazepate tab (TRANXENE-T equiv) | - | 1 | ANTIANSXIETY AGENTS |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | 1 | DERMATOLOGICALS |
| clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| clozapine tab (CLOZARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| codeine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| COLCHICINE TAB | - | 2 | GOUT AGENTS |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 | GOUT AGENTS |
| colesevelam pack (WELCHOL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colesevelam tab (WELCHOL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colestipol granule (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colestipol powder packet (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| colestipol tab (COLESTID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| COLY-MYCIN S OTIC SUSP | - | 2 | OTIC AGENTS |
| COMBIGAN OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| COMBIVENT RESPIMAT INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| COMPLERA TAB | - | 2 | ANTIVIRALS |
| CONTRACEPTIVE GEL | OTC | \$0 | VAGINAL PRODUCTS |
| CORTISONE ACETATE TAB | - | 2 | CORTICOSTEROIDS |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | DERMATOLOGICALS |
| CREON CAP | - | 2 | DIGESTIVE AIDS |
| CRIVIVAN CAP | - | 2 | ANTIVIRALS |
| cromolyn conc (GASTROCROM equiv) | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| cromolyn neb soln (INTAL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| cromolyn ophth soln (CROLOM equiv) | - | 1 | OPHTHALMIC AGENTS |
| cryselle tab | - | 1 | CONTRACEPTIVES |
| cyanocobalamin inj | - | 1 | HEMATOPOIETIC AGENTS |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| CYCLOMYDRIL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| cyclophosphamide cap | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| cyclophosphamide tab (CYTOXAN equiv) | - | 1 | ANTINEOPLASTICS |
| cyclosporine cap (SANDIMMUNE equiv) | - | 1 | ASSORTED CLASSES |
| CYCLOSPORINE MODIFIED CAP | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSES |
| cyclosporine modified cap (NEORAL equiv) | - | 1 | ASSORTED CLASSES |
| cyclosporine modified soln (NEORAL equiv) | - | 1 | ASSORTED CLASSES |
| cyproheptadine syrup | - | 1 | ANTIHISTAMINES |
| cyproheptadine tab | - | 1 | ANTIHISTAMINES |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD-PA | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| CYSTARAN OPHTH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | 2 | OPHTHALMIC AGENTS |

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| CYTRA-3 SYRUP | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| danazol cap (DANOCRINE equiv) | - | 1 | ANDROGENS-ANABOLIC |
| dantrolene cap (DANTRIUM equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| dapsone tab | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| deferasirox tab (EXJADE equiv) | MSP | 1 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| DENAVIR CREAM | - | 2 | DERMATOLOGICALS |
| DEPEN TITRATAB, D-PENAMINE TAB | - | 2 | ASSORTED CLASSES |
| DESCOVY TAB | PA | 2 | ANTIVIRALS |
| desipramine tab (NORPRAMIN equiv) | - | 1 | ANTIDEPRESSANTS |
| desmopressin acetate inj (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate nasal spray (DDAVP equiv) (QL= 6 bottles/30 days) | --QL | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin acetate tab (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desmopressin nasal soln (DDAVP equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| desonide cream (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desonide oint (DESOWEN equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone cream (DESOXIMETASONE equiv) | - | 2 | DERMATOLOGICALS |
| desoximetasone gel (TOPICORT equiv) | - | 1 | DERMATOLOGICALS |
| desoximetasone oint (TOPICORT equiv) | - | 1 | DERMATOLOGICALS |
| DEXAMETHASONE CONC | - | 1 | CORTICOSTEROIDS |
| dexamethasone elixir | - | 1 | CORTICOSTEROIDS |
| dexamethasone ophth soln | - | 1 | OPHTHALMIC AGENTS |
| dexamethasone soln | - | 1 | CORTICOSTEROIDS |
| dexamethasone tab (DECADRON equiv) | - | 1 | CORTICOSTEROIDS |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day) | QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| DIALYVITE TAB | - | 1 | MULTIVITAMINS |
| dialyvit tab (NEPHRO-VITE equiv) | - | 1 | MULTIVITAMINS |
| DIALYVITE/ZINC TAB | - | 1 | MULTIVITAMINS |
| DIAPHRAGM | - | 2 | MEDICAL DEVICES AND SUPPLIES |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | 2 | ANTICONVULSANTS |
| diazepam conc (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| DIAZEPAM SOLN | - | 1 | ANTIAXIETY AGENTS |
| diazepam tab (VALIUM equiv) | - | 1 | ANTIAXIETY AGENTS |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 | DERMATOLOGICALS |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 | DERMATOLOGICALS |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 | OPHTHALMIC AGENTS |

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|---|---------------------|-------------|--|
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 | PENICILLINS |
| dicyclomine cap (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine soln (BENTYL equiv) | - | 1 | ULCER DRUGS |
| dicyclomine tab (BENTYL equiv) | - | 1 | ULCER DRUGS |
| didanosine DR cap (VIDEX EC equiv) | - | 1 | ANTIVIRALS |
| diflunisal tab (DOLOBID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| digoxin soln (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| digoxin tab (LANOXIN equiv) | - | 1 | CARDIOTONICS |
| DILANTIN CAP 30MG | - | 2 | ANTICONVULSANTS |
| DILTIAZEM CAP | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER cap (TIAZAC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diltiazem tab (CARDIZEM equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 | ANTIHISTAMINES |
| diphenoxylate/atropine liquid (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 | ANTIDIARRHEALS |
| dipyridamole tab (PERSANTINE equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| disopyramide cap (NORPACE equiv) | - | 1 | ANTIARRHYTHMICS |
| disopyramide ER cap (NORPACE CR equiv) | - | 1 | ANTIARRHYTHMICS |
| disulfiram tab (ANTABUSE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| DIURIL SUSP | - | 2 | DIURETICS |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 | ANTICONVULSANTS |
| dofetilide cap (TIKOSYN equiv) | - | 1 | ANTIARRHYTHMICS |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 | OPHTHALMIC AGENTS |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| doxazosin tab (CARDURA equiv) | - | 1 | ANTIHYPERTENSIVES |
| doxepin cap (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxepin conc (SINEQUAN equiv) | - | 1 | ANTIDEPRESSANTS |
| doxercalciferol cap (HECTOROL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate cap (MONODOX equiv) | - | 1 | TETRACYCLINES |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 | TETRACYCLINES |
| doxycycline susp (VIBRAMYCIN equiv) | - | 1 | TETRACYCLINES |
| DROXIA CAP | - | 2 | HEMATOPOIETIC AGENTS |
| DRYSOL SOLN | - | 1 | DERMATOLOGICALS |

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| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|--|
| DULERA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 | ANTIDEPRESSANTS |
| DUREZOL OPHTH EMULSION | - | 2 | OPHTHALMIC AGENTS |
| dutasteride cap (AVODART equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| DYRENIUM CAP | - | 2 | DIURETICS |
| econazole cream (SPECTAZOLE equiv) | - | 1 | DERMATOLOGICALS |
| EDURANT TAB | - | 2 | ANTIVIRALS |
| efavirenz cap (SUSTIVA equiv) | - | 1 | ANTIVIRALS |
| efavirenz tab (SUSTIVA equiv) | - | 1 | ANTIVIRALS |
| ELIXOPHYLLIN ELIXIR | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| ELLA TAB (QL= 1 tab/28 days) | QL | 2 | CONTRACEPTIVES |
| ELMIRON CAP | - | 2 | GENITOURINARY AGENTS - MISCELLANEOUS |
| EMCYT CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EMTRIVA CAP | - | 2 | ANTIVIRALS |
| EMTRIVA SOLN | - | 2 | ANTIVIRALS |
| enalapril tab (VASOTEC equiv) | - | 1 | ANTIHYPERTENSIVES |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| ENBREL INJ 25MG | LMSP-PA | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL INJ 50MG | LMSP-PA | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ENBREL SURECLICK INJ 50MG | LMSP-PA | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| enoxaparin inj (LOVENOX equiv) | - | 2 | ANTICOAGULANTS |
| enpresse tab (TRI-LEVELLEN equiv) | - | 1 | CONTRACEPTIVES |
| entacapone tab (COMTAN equiv) | - | 2 | ANTIPARKINSON AGENTS |
| EPIFOAM AEROSOL | - | 2 | DERMATOLOGICALS |
| epinastine ophth soln (ELESTAT equiv) | - | 1 | OPHTHALMIC AGENTS |
| epinephrine inj | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill) | QL | 1 | VASOPRESSORS |
| epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill) | QL | 1 | VASOPRESSORS |
| EPIVIR HBV SOLN | - | 2 | ANTIVIRALS |
| eplerenone tab (INSPIRA equiv) | - | 1 | ANTIHYPERTENSIVES |
| EQUETRO CAP | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ERWINAZE INJ | PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| ERY-TAB | - | 2 | MACROLIDES |
| erythromycin DR cap (ERYC equiv) | - | 2 | MACROLIDES |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 1 | MACROLIDES |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 | MACROLIDES |
| erythromycin gel | - | 1 | DERMATOLOGICALS |
| erythromycin ophth oint | - | 1 | OPHTHALMIC AGENTS |
| erythromycin pad | - | 1 | DERMATOLOGICALS |
| erythromycin soln | - | 1 | DERMATOLOGICALS |
| erythromycin stearate tab | - | 2 | MACROLIDES |

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|---|---------------------|-------------|---|
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days) | QL | 2 | ANTIDEPRESSANTS |
| escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day) | QL | 1 | ANTIDEPRESSANTS |
| estazolam tab (PROSOM equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 | ESTROGENS |
| estradiol patch (CLIMARA equiv) | - | 1 | ESTROGENS |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 | ESTROGENS |
| estradiol tab (ESTRACE equiv) | - | 1 | ESTROGENS |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 | ESTROGENS |
| ESTRING (3 copays per Rx) | - | 2 | VAGINAL PRODUCTS |
| ESTROPIPATE TAB | - | 1 | ESTROGENS |
| estropipate tab (OGEN equiv) | - | 1 | ESTROGENS |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| ethacrynic tab (EDECIN equiv) | - | 1 | DIURETICS |
| ethambutol tab (MYAMBUTOL equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ethosuximide cap (ZARONTIN equiv) | - | 1 | ANTICONSULSANTS |
| ethosuximide soln (ZARONTIN equiv) | - | 1 | ANTICONSULSANTS |
| etidronate disodium tab 200mg (DIDRONEL equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| etodolac cap (LODINE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac ER tab (LODINE XL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etodolac tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| etoposide cap (VEPESID equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EURAX CREAM | - | 2 | DERMATOLOGICALS |
| EVOTAZ TAB | - | 2 | ANTIVIRALS |
| EXELON SOLN | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| exemestane tab (AROMASIN equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| EXTAVIA INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| ezetimibe tab (ZETIA equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| famciclovir tab (FAMVIR equiv) | - | 1 | ANTIVIRALS |
| famotidine susp (PEPCID equiv) | - | 1 | ULCER DRUGS |
| FANAPT TAB | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| FANAPT TITRATION PACK | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| felbamate susp (FELBATOL equiv) | - | 1 | ANTICONSULSANTS |
| felbamate tab (FELBATOL equiv) | - | 2 | ANTICONSULSANTS |
| felodipine ER tab (PLENDIL equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| FEMALE CONDOMS | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 | ANTHYPERLIPIDEMICS |
| fentanyl patch (DURAGESIC equiv) | - | 1 | ANALGESICS - OPIOID |
| ferrex 150 forte cap | - | 1 | HEMATOPOIETIC AGENTS |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 | ANTIDOTES |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 | ANTIDOTES |

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|---|---------------------|-------------|---|
| fexofenadine OTC (ALLEGRA OTC equiv) | OTC | 1 | ANTIHISTAMINES |
| fexofenadine susp (ALLEGRA equiv) | OTC | 1 | ANTIHISTAMINES |
| fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| FIASP FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| FIASP INJ | - | 2 | ANTIDIABETICS |
| FINACEA FOAM | - | 2 | DERMATOLOGICALS |
| FINACEA PLUS KIT | - | 2 | DERMATOLOGICALS |
| finasteride tab (PROSCAR equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| FIRAZYR INJ | LMSP-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| FIRST OMEPRAZOLE SUSP | - | 2 | ULCER DRUGS |
| FIRVANQ SOLN | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| flecainide tab (TAMBOCOR equiv) | - | 1 | ANTIARRHYTHMICS |
| FLORIVA PLUS DROPS | - | 2 | MULTIVITAMINS |
| FLOVENT DISKUS INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLOVENT HFA INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUBLOK INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUBLOK QUAD PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUCELVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUCELVAX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| fluconazole susp (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| fluconazole tab (DIFLUCAN equiv) | - | 1 | ANTIFUNGALS |
| flucytosine cap (ANCOBON equiv) | - | 1 | ANTIFUNGALS |
| fludrocortisone tab (FLORINEF equiv) | - | 1 | CORTICOSTEROIDS |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUNISOLIDE NASAL SPRAY | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluocinolone acetonide cream | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oil (DERMA SMOOTH/FS equiv) | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide oint | - | 1 | DERMATOLOGICALS |
| fluocinolone acetonide soln | - | 1 | DERMATOLOGICALS |
| fluocinolone otic oil (DERMOTIC equiv) | - | 1 | OTIC AGENTS |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 | DERMATOLOGICALS |
| fluocinonide emollient cream | - | 1 | DERMATOLOGICALS |
| fluocinonide gel | - | 1 | DERMATOLOGICALS |
| fluocinonide oint | - | 1 | DERMATOLOGICALS |
| fluocinonide soln | - | 1 | DERMATOLOGICALS |
| FLUORABON SOLN | - | 2 | MINERALS & ELECTROLYTES |
| FLUOR-A-DAY CHEW TAB | - | 1 | MINERALS & ELECTROLYTES |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 | OPHTHALMIC AGENTS |

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|--|---------------------|-------------|---|
| FLUOROPLEX CREAM | - | 2 | DERMATOLOGICALS |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 | DERMATOLOGICALS |
| FLUOROURACIL CREAM 0.5% | - | 2 | DERMATOLOGICALS |
| fluoxetine cap (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine soln (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab (PROZAC equiv) | - | 1 | ANTIDEPRESSANTS |
| fluoxetine tab 60mg | - | 1 | ANTIDEPRESSANTS |
| fluphenazine tab (PROLIXIN equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| flurandrenolide cream (CORDRAN equiv) | - | 1 | DERMATOLOGICALS |
| FLURAZEPAM CAP | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| flurbiprofen tab (ANSAID equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| flutamide cap (EULEXIN equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| fluticasone nasal spray (FLONASE equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 | DERMATOLOGICALS |
| FLUTICASONE/SALMETEROL INHALER | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FLUVIRIN INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUVIRIN PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 1 | ANTIDEPRESSANTS |
| fluvoxamine tab (LUVOX equiv) | - | 1 | ANTIDEPRESSANTS |
| FLUZONE HIGH DOSE PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUZONE INTRADERMAL INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUZONE QUADRIVALENT INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FLUZONE/FLUARIX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| FML FORTE OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| FOLBEE PLUS CZ TAB | - | 1 | MULTIVITAMINS |
| folbee tab | - | 1 | HEMATOPOIETIC AGENTS |
| folic acid tab 1mg | - | 1 | HEMATOPOIETIC AGENTS |
| FORADIL AEROLIZER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| FORTICAL NASAL SPRAY (QL= 1 bottle/30 days) | QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| fosamprenavir tab (LEXIVA equiv) | - | 1 | ANTIVIRALS |
| fosinopril tab (MONOPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| FOSRENOL POWDER PACK | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| FRAGMIN INJ | - | 2 | ANTICOAGULANTS |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE INSULINX TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE LITE METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |

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| FREESTYLE LITE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE PRECISION NEO METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FREESTYLE TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| FULPHILA INJ | PA | 2 | HEMATOPOIETIC AGENTS |
| FUROSEMIDE SOLN | - | 1 | DIURETICS |
| furosemide soln (LASIX equiv) | - | 1 | DIURETICS |
| furosemide tab (LASIX equiv) | - | 1 | DIURETICS |
| FUZEON INJ | LMSP | 2 | ANTIVIRALS |
| gabapentin cap (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| gabapentin soln (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| gabapentin tab (NEURONTIN equiv) | - | 1 | ANTICONVULSANTS |
| galantamine ER cap (RAZADYNE ER equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALANTAMINE SOLN | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| galantamine tab (RAZADYNE equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GALZIN CAP | - | 2 | MINERALS & ELECTROLYTES |
| GANCICLOVIR CAP | - | 2 | ANTIVIRALS |
| gatifloxacin ophth soln (ZYMADID equiv) | - | 1 | OPHTHALMIC AGENTS |
| gemfibrozil tab (LOPID equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| GENOTROPIN INJ | LMSP-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| GENTAK OPHTH OINT | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| gentamicin sulfate cream | - | 1 | DERMATOLOGICALS |
| gentamicin sulfate oint | - | 1 | DERMATOLOGICALS |
| GENVOYA TAB | PA | 2 | ANTIVIRALS |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | 1 | CONTRACEPTIVES |
| GILENYA CAP | LMSP-PA | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| glatiramer inj (COPAXONE equiv) | LMSP | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| GLEOSTINE/LOMUSTINE CAP | - | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| glimepiride tab (AMARYL equiv) | - | 1 | ANTIDIABETICS |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 | ANTIDIABETICS |
| glipizide tab (GLUCOTROL equiv) | - | 1 | ANTIDIABETICS |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 | ANTIDIABETICS |
| GLUCAGEN HYPOKIT INJ | - | 2 | ANTIDIABETICS |
| GLUCAGEN INJ | - | 2 | DIAGNOSTIC PRODUCTS |
| GLUCAGON INJ KIT | - | 2 | ANTIDIABETICS |
| glyburide micronized tab (GLYNASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide tab (MICRONASE equiv) | - | 1 | ANTIDIABETICS |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 | ANTIDIABETICS |
| glycopyrrolate tab (ROBINUL equiv) | - | 1 | ULCER DRUGS |
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL | 1 | ANTIEMETICS |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 | ANTIFUNGALS |

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| griseofulvin susp (GRIFULVIN equiv) | - | 1 | ANTIFUNGALS |
| griseofulvin tab (GRIS-PEG equiv) | - | 1 | ANTIFUNGALS |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 | COUGH/COLD/ALLERGY |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY// NOREXIANTS |
| guanfacine IR tab (TENEX equiv) | - | 1 | ANTIHYPERTENSIVES |
| HAEGARDA INJ | MSP-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 1 | DERMATOLOGICALS |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 1 | DERMATOLOGICALS |
| haloperidol lactate conc (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| haloperidol tab (HALDOL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| HARVONI TAB (QL= 1 tab/ day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| HEMLIBRA INJ | MSP-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| heparin flush | - | 1 | ANTICOAGULANTS |
| heparin inj | - | 1 | ANTICOAGULANTS |
| HEXALEN CAP | - | 2 | ANTINEOPLASTICS |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, fill/plan year) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| HUMULIN N INJ | OTC | 2 | ANTIDIABETICS |
| HUMULIN R INJ U-500 | - | 2 | ANTIDIABETICS |
| HYCAMTIN CAP | LMSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| hydralazine tab (APRESOLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 | DIURETICS |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 | DIURETICS |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 1 | ANALGESICS - OPIOID |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone enema (CORTENEMA equiv) | - | 1 | ANORECTAL AGENTS |
| hydrocortisone lotion (HYTONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone oint | - | 1 | DERMATOLOGICALS |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 1 | DERMATOLOGICALS |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 | ANORECTAL AGENTS |
| hydrocortisone tab (CORTEF equiv) | - | 1 | CORTICOSTEROIDS |
| hydromorphone ER tab (EXALGO equiv) | - | 1 | ANALGESICS - OPIOID |

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| hydromorphone liquid (DILAUDID-5 LIQUID equiv) | - | 1 | ANALGESICS - OPIOID |
| HYDROMORPHONE SUPP | - | 1 | ANALGESICS - OPIOID |
| hydromorphone tab (DILAUDID equiv) | - | 1 | ANALGESICS - OPIOID |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 | ANTIMALARIALS |
| hydroxyprogesterone inj (MAKENA equiv) | MSP-PA | 1 | PROGESTINS |
| hydroxyurea cap (HYDREA equiv) | - | 1 | ANTINEOPLASTICS |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hydroxyzine syrup (ATARAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hydroxyzine tab (ATARAX equiv) | - | 1 | ANTIANKXIETY AGENTS |
| hyoscyamine sulfate CR tab (LEVBID equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 | ULCER DRUGS |
| hyoscyamine tab (LEVSIN equiv) | - | 1 | ULCER DRUGS |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | 2 | ANALGESICS - OPIOID |
| ibuprofen susp | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ibuprofen tab (Rx only) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| imatinib tab (GLEEVEC equiv) | LMSP-PA | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 1 | ANTIDEPRESSANTS |
| imipramine tab (TOFRANIL equiv) | - | 1 | ANTIDEPRESSANTS |
| imiquimod cream (ALDARA equiv) | - | 1 | DERMATOLOGICALS |
| IMPLANON IMPLANT, NEXPLANON IMPLANT | | \$0 | CONTRACEPTIVES |
| INCRELEX INJ | MSP | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| indapamide tab (LOZOL equiv) | - | 1 | DIURETICS |
| INDOCIN SUPP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| INDOCIN SUSP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin cap (INDOCIN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| INTELENCE TAB | - | 2 | ANTIVIRALS |
| INVEGA INJ | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| INVIRASE CAP | - | 2 | ANTIVIRALS |
| INVIRASE TAB | - | 2 | ANTIVIRALS |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 1 | DERMATOLOGICALS |
| IOPIDINE OPHTH SOLN 1% | - | 2 | OPHTHALMIC AGENTS |
| ipratropium neb soln (ATROVENT equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| irbesartan tab (AVAPRO equiv) | - | 2 | ANTIHYPERTENSIVES |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ISENTRESS (HD) TAB | - | 2 | ANTIVIRALS |
| ISENTRESS CHEW TAB | - | 2 | ANTIVIRALS |
| ISENTRESS POWDER PACK | - | 2 | ANTIVIRALS |
| ISONIAZID SYRUP | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| isoniazid tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO HOMATROPINE OPHTH SOLN 2% | - | 2 | OPHTHALMIC AGENTS |

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| ISOPTO HOMATROPINE OPHTH SOLN 5% | - | 2 | OPHTHALMIC AGENTS |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate SL tab | - | 1 | ANTIANGINAL AGENTS |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 | ANTIANGINAL AGENTS |
| ISOSORBIDE DINITRATE TAB 30MG | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 | ANTIANGINAL AGENTS |
| isotretinoin cap (AC CUTANE equiv) | - | 1 | DERMATOLOGICALS |
| isoxsuprine tab | - | 1 | CARDIOVASCULAR AGENTS - MISC. |
| isradipine cap (DYNACIRC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| ISTALOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| itraconazole cap (SPORANOX equiv) | PA | 1 | ANTIFUNGALS |
| ivermectin tab (STROMECTOL equiv) | - | 1 | ANTHELMINTICS |
| JADENU SPRINKLE | LMSP | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| JADENU TAB | LMSP | 2 | ANTIDOTES |
| JANUMET XR TAB | - | 2 | ANTIDIABETICS |
| jinteli tab (FEMHRT equiv) | - | 1 | ESTROGENS |
| junel FE tab (LOESTRIN FE equiv) | - | 1 | CONTRACEPTIVES |
| junel tab (LOESTRIN equiv) | - | 1 | CONTRACEPTIVES |
| K/NA CITRATE SOLN CITRIC ACID | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| KALETRA TAB | - | 2 | ANTIVIRALS |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| kariva tab (MIRCETTE equiv) | - | 1 | CONTRACEPTIVES |
| kelnor tab (DEMULEN equiv) | - | 1 | CONTRACEPTIVES |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 | DERMATOLOGICALS |
| ketoconazole tab (NIZORAL equiv) | - | 1 | ANTIFUNGALS |
| KETO-DIASTIX TEST STRIP | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KETOPROFEN CAP | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketoprofen cap (ORUDIS equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 | OPHTHALMIC AGENTS |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| KETOSTIX | OTC | 1 | DIAGNOSTIC PRODUCTS |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| KINERET INJ (Only available through Biologics 800-850-4306) | LD-PA | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| KITABIS PAK NEB SOLN | MSP | 2 | AMINOGLYCOSIDES |
| KLOR-CON M15 TAB | - | 2 | MINERALS & ELECTROLYTES |
| K-PHOS TAB | - | 2 | MINERALS & ELECTROLYTES |
| labetalol tab (NORMODYNE equiv) | - | 1 | BETA BLOCKERS |
| lactulose soln | - | 1 | LAXATIVES |
| LAMICTAL CHEW TAB 2MG | - | 2 | ANTICONVULSANTS |
| lamivudine soln (EPIVIR equiv) | - | 1 | ANTIVIRALS |
| lamivudine tab (EPIVIR equiv) | - | 2 | ANTIVIRALS |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 | ANTIVIRALS |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 1 | ANTIVIRALS |

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| lamotrigine chew tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 2 | ANTICONVULSANTS |
| lamotrigine ODT (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 1 | ANTICONVULSANTS |
| lamotrigine tab (LAMICTAL equiv) | - | 1 | ANTICONVULSANTS |
| LANCET KIT | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| LANCETS | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| lansoprazole cap (PREVACID equiv) (QL= 2 caps/day) | OTC-QL | 1 | ULCER DRUGS |
| lansoprazole odt (PREVACID SOLUTAB equiv) (QL= 2 tabs/day) | QL | 1 | ULCER DRUGS |
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 1 | ULCER DRUGS |
| LANTUS INJ | - | 2 | ANTIDIABETICS |
| LANTUS SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine) | QL-ST | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| leflunomide tab (ARAVA equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| letrozole tab (FEMARA equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| leucovorin tab | - | 1 | ANTINEOPLASTICS |
| LEUKERAN TAB | - | 2 | ANTINEOPLASTICS |
| LEUKINE INJ | LMSP-PA | 2 | HEMATOPOIETIC AGENTS |
| levalbuterol neb soln (XOPENEX equiv) (Step Therapy requires trial of albuterol neb) | ST | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| LEVEMIR FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| LEVEMIR INJ | - | 2 | ANTIDIABETICS |
| levetiracetam soln (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levetiracetam tab (KEPPRA equiv) | - | 1 | ANTICONVULSANTS |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levocarnitine soln (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levocarnitine tab (CARNITOR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 | FLUOROQUINOLONES |
| levonorgestrel tab (PLAN B equiv) | OTC | 1 | CONTRACEPTIVES |
| LEVONORGESTREL TAB 0.75MG | - | 2 | CONTRACEPTIVES |
| LEVORPHANOL TAB | - | 1 | ANALGESICS - OPIOID |
| levorphanol tab (LEVORPHANOL equiv) | - | 1 | ANALGESICS - OPIOID |
| levothyroxine tab (SYNTHROID equiv) | - | 1 | THYROID AGENTS |
| LEXIVA SUSP | - | 2 | ANTIVIRALS |
| LIALDA TAB | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine gel (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 | DERMATOLOGICALS |
| LIDOCAINE ORAL SOLN 4% | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine soln (XYLOCAINE equiv) | - | 1 | DERMATOLOGICALS |
| lidocaine viscous soln | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 1 | ANORECTAL AGENTS |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 | DERMATOLOGICALS |

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| lindane lotion | - | 1 | DERMATOLOGICALS |
| lindane shampoo | - | 1 | DERMATOLOGICALS |
| linezolid susp (Restricted to Infectious Disease Specialist) | RS | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| liothyronine tab (CYTOMEL equiv) | - | 1 | THYROID AGENTS |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium carbonate tab | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lithium citrate soln | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 1 | ANTIVIRALS |
| loratadine ODT (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine syrup (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine tab (CLARITIN equiv) | OTC | 1 | ANTIHISTAMINES |
| loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| lorazepam conc (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| lorazepam tab (ATIVAN equiv) | - | 1 | ANTIAXIETY AGENTS |
| losartan tab (COZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| LOTEMAX OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| LOTEMAX OPHTH OINT | - | 2 | OPHTHALMIC AGENTS |
| loteprednol ophth susp (LOTEMAX equiv) | - | 1 | OPHTHALMIC AGENTS |
| lovastatin tab (MEVACOR equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| loxapine cap (LOXITANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| LUMIGAN OPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| LYRICA CAP | PA | 2 | ANTICONVULSANTS |
| LYRICA SOLN | PA | 2 | ANTICONVULSANTS |
| LYSODREN TAB (Only available through Direct Success 732-919-1234) | LD | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| mafenide acetate soln packet (SULFAMYLON equiv) | - | 2 | DERMATOLOGICALS |
| MAKENA INJ | MSP-PA | 2 | PROGESTINS |
| malathion lotion (OVIDE equiv) (QL= 1 bottle/7 days; Limited to 2 fills/year) | QL | 1 | DERMATOLOGICALS |
| maldemar tab (SCOPACE equiv) | - | 1 | ANTIEMETICS |
| MAPROTILINE TAB | - | 1 | ANTIDEPRESSANTS |
| MARPLAN TAB | - | 2 | ANTIDEPRESSANTS |
| MATULANE CAP | - | 2 | ANTINEOPLASTICS |
| MAXIDEX OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 | ANTIEMETICS |
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | 1 | CONTRACEPTIVES |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 | PROGESTINS |
| megestrol ES susp (MEGACE ES equiv) | - | 1 | PROGESTINS |
| megestrol susp (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| megestrol tab (MEGACE equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| meloxicam tab (MOBIC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| memantine soln (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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| Drug Name | Special Code | Tier | Category |
|---|---------------------|-------------|---|
| memantine tab (NAMENDA equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| MEPERIDINE TAB | - | 1 | ANALGESICS - OPIOID |
| meperidine tab (DEMEROL equiv) | - | 1 | ANALGESICS - OPIOID |
| meprobamate tab (MILTOWN equiv) | - | 1 | ANTIANKXIETY AGENTS |
| mercaptopurine tab (PURINETHOL equiv) | - | 1 | ANTINEOPLASTICS |
| mesalamine enema (ROWASA equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| mesna inj (MESNEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| MESNEX TAB | LMSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| METAPROTERENOL SYRUP | - | 1 | ASTHMA AND BRONCHODILATOR AGENTS |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 | ANTIDIABETICS |
| metformin tab (GLUCOPHAGE equiv) | - | 1 | ANTIDIABETICS |
| METHADONE SOLN | - | 1 | ANALGESICS - OPIOID |
| methadone tab (DOLOPHINE equiv) | - | 1 | ANALGESICS - OPIOID |
| methadose tab | - | 1 | ANALGESICS - OPIOID |
| methazolamide tab (NEPTAZANE equiv) | - | 1 | DIURETICS |
| methenamine hippurate tab (HIPREX equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| methenamine mandelate tab | - | 1 | URINARY ANTI-INFECTIVES |
| methimazole tab (TAPAZOLE equiv) | - | 1 | THYROID AGENTS |
| methocarbamol tab (ROBAXIN equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| METHOTREXATE INJ | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| methotrexate tab (TREXALL equiv) | - | 1 | ANTINEOPLASTICS |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 1 | DERMATOLOGICALS |
| methscopolamine tab (PAMINE equiv) | - | 1 | ULCER DRUGS |
| METHYCLOTHIAZIDE TAB | - | 1 | DIURETICS |
| methyldopa tab (ALDOMET equiv) | - | 1 | ANTIHYPERTENSIVES |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days) | QL | 2 | OXYTOCICS |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate ER tab | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | --QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| METHYLPHENIDATE ER TAB 36MG (QL= 2 tabs/day) | QL | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate soln (METHYLIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylphenidate tab (RITALIN equiv) | - | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| methylprednisolone tab (MEDROL equiv) | - | 1 | CORTICOSTEROIDS |
| METIPRANOLOL OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| metoclopramide soln (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metoclopramide tab (REGLAN equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| metolazone tab (ZAROXOLYN equiv) | - | 1 | DIURETICS |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 | BETA BLOCKERS |

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|--|---------------------|-------------|---|
| metoprolol tab (LOPRESSOR equiv) | - | 1 | BETA BLOCKERS |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| metronidazole cap (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole cream (METROCREAM equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole gel (METROGEL equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole lotion (METROLOTION equiv) | - | 1 | DERMATOLOGICALS |
| metronidazole tab (FLAGYL equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 | VAGINAL PRODUCTS |
| MEXILETINE CAP | - | 2 | ANTIARRHYTHMICS |
| MIACALCIN INJ (QL= 2 units/30 days) | LMSP-QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| MIACALCIN NASAL SPRAY (QL= 1 bottle/30 days) | QL | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| mibelas chew tab (MINASTRIN equiv) | - | 1 | CONTRACEPTIVES |
| midodrine tab (PROAMATINE equiv) | - | 1 | VASOPRESSORS |
| MIGERGOT SUPP | - | 2 | MIGRAINE PRODUCTS |
| miglitol tab (GLYSET equiv) | - | 1 | ANTIDIABETICS |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376) | LD-PA | 1 | HEMATOPOIETIC AGENTS |
| minocycline cap (MINOCIN equiv) | - | 1 | TETRACYCLINES |
| minocycline tab (DYNACIN equiv) | - | 1 | TETRACYCLINES |
| minoxidil tab (LONITEN equiv) | - | 1 | ANTIHYPERTENSIVES |
| MIRENA IUD | - | \$0 | CONTRACEPTIVES |
| mirtazapine ODT (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| mirtazapine tab (REMERON equiv) | - | 1 | ANTIDEPRESSANTS |
| misoprostol tab (CYTOTEC equiv) | - | 1 | ULCER DRUGS |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | 1 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| MODERIBA DOSE PACK | LMSP | 2 | ANTIVIRALS |
| MODERIBA PAK | LMSP | 2 | ANTIVIRALS |
| moexipril tab (UNIVASC equiv) | - | 1 | ANTIHYPERTENSIVES |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 | ANTIHYPERTENSIVES |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| mometasone cream (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone nasal spray (NASONEX equiv) | - | 1 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| mometasone oint (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mometasone soln (ELOCON equiv) | - | 1 | DERMATOLOGICALS |
| mononessa tab (ORTHO-CYCLEN equiv) | - | 1 | CONTRACEPTIVES |
| montelukast chew tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| montelukast tab (SINGULAIR equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate soln | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate supp | - | 1 | ANALGESICS - OPIOID |
| morphine sulfate tab | - | 1 | ANALGESICS - OPIOID |
| MOVIPREP SOLN (QL= 1 bottle/fill) | QL | 2 | LAXATIVES |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 | OPHTHALMIC AGENTS |
| moxifloxacin tab (AVELOX equiv) | - | 1 | FLUOROQUINOLONES |
| multigen folic tab (CHROMAGEN FA equiv) | - | 1 | HEMATOPOIETIC AGENTS |

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|---|---------------------|-------------|---|
| multigen plus tab (CHROMAGEN FORTE equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| multigen tab (CHROMAGEN equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 | MULTIVITAMINS |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 | DERMATOLOGICALS |
| mycophenolate DR tab (MYFORTIC equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 1 | ASSORTED CLASSES |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 | ASSORTED CLASSES |
| MYLERAN TAB | LMSP | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nabumetone tab (RELAFEN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| nadolol tab (CORGARD equiv) | - | 1 | BETA BLOCKERS |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| naftifine cream (NAFTIN equiv) | - | 1 | DERMATOLOGICALS |
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 | ANTIDOTES AND SPECIFIC ANTAGONISTS |
| naltrexone tab (REVIA equiv) | - | 1 | ANTIDOTES |
| NAMENDA XR TITRATION PACK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen sodium tab (ANAPROX equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| NAPROXEN SUSP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| naproxen tab (NAPROSYN equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| NARCAN NASAL SPRAY (QL= 2 sprays/fill) | QL | 2 | ANTIDOTES |
| NARDIL TAB | - | 2 | ANTIDEPRESSANTS |
| nateglinide tab (STARLIX equiv) | - | 1 | ANTIDIABETICS |
| NEBUPENT NEB SOLN | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| NEBUSAL NEB SOLN | - | 2 | COUGH/COLD/ALLERGY |
| necon tab (ORTHO-NOVUM equiv) | - | 1 | CONTRACEPTIVES |
| necon tab 1-50 (NORYNIL equiv) | - | 1 | CONTRACEPTIVES |
| NEFAZODONE TAB | - | 1 | ANTIDEPRESSANTS |
| nefazodone tab 50mg, 250mg | - | 1 | ANTIDEPRESSANTS |
| neomycin tab | - | 1 | AMINOGLYCOSIDES |
| NEOMYCIN/POLYMXIN/GRAMICIDIN OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 | OTIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 | OPHTHALMIC AGENTS |
| neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| NEORAL SOLN | - | 2 | ASSORTED CLASSES |
| NEPHRON FA TAB | - | 2 | HEMATOPOIETIC AGENTS |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 1 | ANTIVIRALS |
| nevirapine susp (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| NEVIRAPINE SUSP (VIRAMUNE equiv) | - | 2 | ANTIVIRALS |
| nevirapine tab (VIRAMUNE equiv) | - | 1 | ANTIVIRALS |
| niacin ER tab (NIASPAN equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| nicardipine cap (CARDENE equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nicotine patch (NICODERM equiv) (Rx Only) | OTC-SMKG | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |

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|--|---------------------|-------------|---|
| NICOTROL INHALER | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| NICOTROL NASAL SPRAY | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| nifedipine cap (PROCARDIA equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| nilutamide tab (NILANDRON equiv) | LMSP | 1 | ANTI NEOPLASTICS AND ADJUNCTIVE THERAPIES |
| nimodipine cap (NIMOTOP equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 2 | ANTIANGINAL AGENTS |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| nitrofurantoin susp (FURADANTIN equiv) | - | 1 | URINARY ANTI-INFECTIVES |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 | ANTIANGINAL AGENTS |
| nitroglycerin SR cap | - | 1 | ANTIANGINAL AGENTS |
| NIVESTYM INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |
| nizatidine cap (AXID equiv) | - | 1 | ULCER DRUGS |
| nizatidine soln (AXID equiv) | - | 1 | ULCER DRUGS |
| norethindrone tab (AYGESTIN equiv) | - | 1 | PROGESTINS |
| norethindrone tab (NORA-QD equiv) | - | 1 | CONTRACEPTIVES |
| NORPACE CR CAP | - | 2 | ANTIARRHYTHMICS |
| nortrel tab (OVCON 35 equiv) | - | 1 | CONTRACEPTIVES |
| nortriptyline cap (PAMELOR equiv) | - | 1 | ANTIDEPRESSANTS |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 | ANTIDEPRESSANTS |
| NORTRIPTYLINE SOLN | - | 1 | ANTIDEPRESSANTS |
| NORVIR CAP | - | 2 | ANTIVIRALS |
| NORVIR POWDER PACK | - | 2 | ANTIVIRALS |
| NORVIR SOLN | - | 2 | ANTIVIRALS |
| NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOLIN INJ | OTC | 2 | ANTIDIABETICS |
| NOVOLOG FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX FLEXPEN INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG MIX INJ | - | 2 | ANTIDIABETICS |
| NOVOLOG PENFILL INJ | - | 2 | ANTIDIABETICS |
| NOVOTWIST PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 | THYROID AGENTS |
| NUVARING | - | 2 | CONTRACEPTIVES |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 | DERMATOLOGICALS |
| nystatin oint | - | 1 | DERMATOLOGICALS |
| nystatin powder | - | 1 | ANTIFUNGALS |
| nystatin susp | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| nystatin tab | - | 1 | ANTIFUNGALS |
| nystatin topical powder | - | 1 | DERMATOLOGICALS |
| NYSTATIN VAGINAL TAB | - | 1 | VAGINAL PRODUCTS |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |

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| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 | OPHTHALMIC AGENTS |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 | OTIC AGENTS |
| ofloxacin tab (FLOXIN equiv) | - | 1 | FLUOROQUINOLONES |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day) | QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine tab 10mg (ZYPREXA equiv) (QL= 2 tabs/day) | QL | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| olmesartan tab (BENICAR equiv) | - | 1 | ANTIHYPERTENSIVES |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 | OPHTHALMIC AGENTS |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| omeprazole DR cap (PRILOSEC equiv) (QL= 2 caps/day) | QL | 1 | ULCER DRUGS |
| omeprazole DR cap 10mg (PRILOSEC equiv) | - | 1 | ULCER DRUGS |
| ondansetron ODT (ZOFRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron soln (ZOFRAN equiv) | - | 1 | ANTIEMETICS |
| ondansetron tab (ZOFRAN equiv) | - | 1 | ANTIEMETICS |
| opium tincture | - | 1 | ANTIDIARRHEALS |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 | CARDIOVASCULAR AGENTS - MISC. |
| ORACIT SOLN | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 | ANTIVIRALS |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 1 | ANTIVIRALS |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| oxandrolone tab (OXANDRIN equiv) | - | 1 | ANDROGENS-ANABOLIC |
| oxaprozin tab (DAYPRO equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| OXAZEPAM CAP | - | 1 | ANTIAXIETY AGENTS |
| oxazepam cap (SERAX equiv) | - | 1 | ANTIAXIETY AGENTS |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 | ANTICONVULSANTS |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 1 | DERMATOLOGICALS |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin syrup | - | 1 | URINARY ANTISPASMODICS |
| oxybutynin tab (DITROPAN equiv) | - | 1 | URINARY ANTISPASMODICS |
| oxycodone cap (OXYIR equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone conc (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |

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|---|---------------------|-------------|---|
| oxycodone soln (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone tab (ROXICODONE equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 1 | ANALGESICS - OPIOID |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 | ANALGESICS - OPIOID |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 1 | ANALGESICS - OPIOID |
| OXYCONTIN CR TAB (QL= 120 tabs/30 days) | QL | 2 | ANALGESICS - OPIOID |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 | ANTIDIABETICS |
| paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, GEODON, olanzapine or SEROQUEL) | ST | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PANCREAZE CAP | - | 2 | DIGESTIVE AIDS |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 | ULCER DRUGS |
| PARAGARD IUD | - | \$0 | CONTRACEPTIVES |
| paricalcitol cap (ZEMPLAR equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| paromomycin cap (HUMATIN equiv) | - | 1 | AMINOGLYCOSIDES |
| paroxetine ER tab (PAXIL CR equiv) | - | 1 | ANTIDEPRESSANTS |
| paroxetine tab (PAXIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PEAK FLOW METER | OTC | 1 | MEDICAL DEVICES AND SUPPLIES |
| pediatric multiple vitamins/fluoride chew tab | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride soln | - | 1 | MULTIVITAMINS |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 | MULTIVITAMINS |
| peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) | - | 1 | LAXATIVES |
| PEGANONE TAB | - | 2 | ANTICONVULSANTS |
| PEGASYS INJ | LMSP | 2 | ANTIVIRALS |
| PEGASYS INJ KIT | LMSP | 2 | ANTIVIRALS |
| PEG-INTRON INJ | LMSP | 2 | ANTIVIRALS |
| penicillin vk soln (VEETIDS equiv) | - | 1 | PENICILLINS |
| penicillin vk tab (VEETIDS equiv) | - | 1 | PENICILLINS |
| PENTASA CAP | - | 2 | GASTROINTESTINAL AGENTS - MISC. |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 | ANALGESICS - OPIOID |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| perindopril tab (ACEON equiv) | - | 1 | ANTIHYPERTENSIVES |
| permethrin cream (ELIMITE equiv) (QL= 60gm/30 days) | QL | 1 | DERMATOLOGICALS |
| perphenazine tab (TRILAFON equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| phenelzine tab (NARDIL equiv) | - | 1 | ANTIDEPRESSANTS |
| phenobarbital elixir | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenobarbital tab | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| phenoxybenzamine cap (DIBENZYLINE equiv) | - | 1 | ANTIHYPERTENSIVES |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| phenytoin cap (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin chew tab (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |
| phenytoin susp (DILANTIN equiv) | - | 1 | ANTICONVULSANTS |

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|---|---------------------|-------------|--|
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| PHOSPHOLINE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| phytonadione tab (MEPHYTON equiv) | - | 1 | VITAMINS |
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| pilocarpine tab (SALAGEN equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | PA | 1 | DERMATOLOGICALS |
| PIMOZIDE TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| pindolol tab (VISKEN equiv) | - | 1 | BETA BLOCKERS |
| pioglitazone tab (ACTOS TAB equiv) | - | 1 | ANTIDIABETICS |
| piroxicam cap (FELDENE equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| PNEUMOVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| PODOCON SOLN | - | 2 | DERMATOLOGICALS |
| podofilox soln (CONDYLOX equiv) | - | 1 | DERMATOLOGICALS |
| polyethylene glycol 3350 powder (MIRALAX equiv) | - | 1 | LAXATIVES |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 | PHARMACEUTICAL ADJUVANTS |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 | OPHTHALMIC AGENTS |
| POLY-VI-FLOR SUSP | - | 2 | MULTIVITAMINS |
| POT/CHLORIDE EFFER TAB | - | 1 | MINERALS & ELECTROLYTES |
| POTABA POWDER PACKET | - | 2 | VITAMINS |
| POTABA TAB | - | 2 | VITAMINS |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 | MINERALS & ELECTROLYTES |
| POTASSIUM CHLORIDE ER TAB | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride ER tab (KLOR-CON equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride micro tab (K-DUR equiv) | - | 1 | MINERALS & ELECTROLYTES |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 | MINERALS & ELECTROLYTES |
| potassium chloride soln | - | 2 | MINERALS & ELECTROLYTES |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| POTIGA TAB (QL= 3 tabs/day) | PA-QL | 2 | ANTICONVULSANTS |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPERLIPIDEMICS |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 1 | ANTIPARKINSON AGENTS |
| pramipexole tab (MIRAPEX equiv) | - | 1 | ANTIPARKINSON AGENTS |
| PRAMOSONE E CREAM | - | 2 | DERMATOLOGICALS |
| PRAMOSONE OINT | - | 2 | DERMATOLOGICALS |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 | ANORECTAL AGENTS |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 | ANORECTAL AGENTS |
| PRASCION RA CREAM | - | 2 | DERMATOLOGICALS |
| pravastatin tab (PRAVACHOL equiv) | - | 1 | ANTIHYPERLIPIDEMICS |
| prazosin cap (MINIPRESS equiv) | - | 1 | ANTIHYPERTENSIVES |
| PRECISION XTRA METER | OTC | \$0 | MEDICAL DEVICES AND SUPPLIES |
| PRECISION XTRA TEST STRIP | OTC | 2 | DIAGNOSTIC PRODUCTS |
| PRED MILD OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |

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| PRED-G OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| PREDNICARBATE CREAM | - | 2 | DERMATOLOGICALS |
| prednicarbate cream (DERMATOP equiv) | - | 2 | DERMATOLOGICALS |
| PREDNICARBATE OIN | - | 2 | DERMATOLOGICALS |
| prednisolone ODT (ORAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE OPHTH SUSP | - | 1 | OPHTHALMIC AGENTS |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 2 | OPHTHALMIC AGENTS |
| prednisolone soln (PEDIAPRED equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISOLONE SYRUP | - | 1 | CORTICOSTEROIDS |
| prednisolone syrup (PRELONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREDNISON PAK | - | 2 | CORTICOSTEROIDS |
| PREDNISON SOLN | - | 1 | CORTICOSTEROIDS |
| PREDNISON TAB | - | 1 | CORTICOSTEROIDS |
| prednison tab (DELTASONE equiv) | - | 1 | CORTICOSTEROIDS |
| PREMARIN TAB | - | 2 | ESTROGENS |
| PREMARIN VAGINAL CREAM | - | 2 | VAGINAL PRODUCTS |
| PREMPHASE TAB, PREMPRO TAB | - | 2 | ESTROGENS |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 | MULTIVITAMINS |
| PREVACID OTC CAP | OTC-QL | 1 | ULCER DRUGS |
| PREVIDENT PASTE | - | 2 | MOUTH/THROAT/DENTAL AGENTS |
| PREVNAR 13 INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 | VACCINES |
| PREZCOBIX TAB | - | 2 | ANTIVIRALS |
| PREZISTA SUSP | - | 2 | ANTIVIRALS |
| PREZISTA TAB | - | 2 | ANTIVIRALS |
| PRIFTIN TAB | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| primidone tab (MYSOLINE equiv) | - | 1 | ANTICONSULSANTS |
| PRIMSOL SOLN | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| probenecid tab (BENEMID equiv) | - | 1 | GOUT AGENTS |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| PROCRIT INJ | - | 2 | HEMATOPOIETIC AGENTS |
| PROCTOFOAM HC FOAM | - | 2 | ANORECTAL AGENTS |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 | ANORECTAL AGENTS |
| progesterone cap (PROMETRIUM equiv) | - | 1 | PROGESTINS |
| PROGRAF CAP | - | 2 | ASSORTED CLASSES |
| promethazine DM syrup | - | 1 | COUGH/COLD/ALLERGY |
| promethazine supp (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| promethazine syrup | - | 1 | ANTIHISTAMINES |
| promethazine tab (PHENERGAN equiv) | - | 1 | ANTIHISTAMINES |
| PROMETHAZINE VC SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 | COUGH/COLD/ALLERGY |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 | COUGH/COLD/ALLERGY |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 | COUGH/COLD/ALLERGY |
| propafenone tab (RYTHMOL equiv) | - | 1 | ANTIARRHYTHMICS |
| PROPANTHELINE TAB | - | 2 | ULCER DRUGS |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 | OPHTHALMIC AGENTS |
| propranolol ER cap (INDERAL LA equiv) | - | 1 | BETA BLOCKERS |
| PROPRANOLOL SOLN | - | 1 | BETA BLOCKERS |

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| propranolol tab (INDERAL equiv) | - | 1 | BETA BLOCKERS |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | 1 | ANTIHYPERTENSIVES |
| propylthiouracil tab | - | 1 | THYROID AGENTS |
| PROSTIGMIN TAB | - | 2 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| protriptyline tab (VIVACTIL equiv) | - | 1 | ANTIDEPRESSANTS |
| PULMOZYME INH SOLN | LMSP | 2 | RESPIRATORY AGENTS - MISC. |
| pyrazinamide tab | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| pyridostigmine CR tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| pyridostigmine tab (MESTINON equiv) | - | 1 | ANTIMYASTHENIC/CHOLINERGIC AGENTS |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 2 tabs/day) | QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| quinapril tab (ACCUPRIL equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 | ANTIHYPERTENSIVES |
| quinidine gluconate CR tab | - | 1 | ANTIARRHYTHMICS |
| quinidine sulfate tab | - | 1 | ANTIARRHYTHMICS |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 | ULCER DRUGS |
| raloxifene tab (EVISTA equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| ramipril cap (ALTACE equiv) | - | 1 | ANTIHYPERTENSIVES |
| ranitidine cap (ZANTAC equiv) | - | 1 | ULCER DRUGS |
| ranitidine syrup (ZANTAC equiv) | - | 1 | ULCER DRUGS |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | 1 | ULCER DRUGS |
| RAVICTI LIQUID | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| REBETOL SOLN | LMSP | 2 | ANTIVIRALS |
| REBIF INJ | LMSP | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 | DERMATOLOGICALS |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 | ANTIVIRALS |
| renaphro cap (NEPHROCAP equiv) | - | 1 | MULTIVITAMINS |
| repaglinide tab (PRANDIN equiv) | - | 1 | ANTIDIABETICS |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 | ANTIHYPHERLIPIDEMICS |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 | ANTIHYPHERLIPIDEMICS |
| RESCRIPTOR TAB | - | 2 | ANTIVIRALS |
| RETACRIT INJ | PA | 2 | HEMATOPOIETIC AGENTS |
| REVLIMID CAP (QL= 1 cap/day) | MSP-PA-QL | 2 | ASSORTED CLASSES |
| REYATAZ POWDER PACK | - | 2 | ANTIVIRALS |
| ribavirin cap (REBETOL equiv) | LMSP | 1 | ANTIVIRALS |
| ribavirin tab (COPEGUS equiv) | LMSP | 1 | ANTIVIRALS |
| RIDAURA CAP | - | 2 | ANALGESICS - ANTI-INFLAMMATORY |
| rifabutin cap (MYCOBUTIN equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| RIFAMATE CAP | - | 2 | ANTIMYCOBACTERIAL AGENTS |
| rifampin cap (RIFADIN equiv) | - | 1 | ANTIMYCOBACTERIAL AGENTS |
| rimantadine tab (FLUMADINE equiv) | - | 1 | ANTIVIRALS |
| risedronate DR tab (ATELVIA equiv) | - | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| RISPERDAL INJ | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone ODT (RISPERDAL M equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| RISPERIDONE ODT | - | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| risperidone soln (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |

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| risperidone tab (RISPERDAL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ritonavir tab (NORVIR equiv) | - | 1 | ANTIVIRALS |
| rivastigmine cap (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rivastigmine patch (EXELON equiv) | - | 1 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| ropinirole ER tab (REQUIP XL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| ropinirole tab (REQUIP equiv) | - | 1 | ANTIPARKINSON AGENTS |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | 2 | HEMATOLOGICAL AGENTS - MISC. |
| salicylic acid shampoo (SALEX equiv) | - | 1 | DERMATOLOGICALS |
| salsalate tab (DISALCID equiv) | - | 1 | ANALGESICS - NONNARCOTIC |
| SANDIMMUNE CAP | - | 2 | ASSORTED CLASSES |
| SANDIMMUNE SOLN 100MG/ML | - | 2 | ASSORTED CLASSES |
| SANDOSTATIN INJ | LMSP | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SAPHRIS SL TAB | PA | 2 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| SAVELLA PAK | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| SAVELLA TAB | - | 2 | PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. |
| seb-prev cream (OVACE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| SECONAL CAP | - | 2 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| selegiline cap (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selegiline tab (ELDEPRYL equiv) | - | 1 | ANTIPARKINSON AGENTS |
| selenium sulfide lotion | - | 1 | DERMATOLOGICALS |
| selenium sulfide shampoo (SELSEB equiv) | - | 1 | DERMATOLOGICALS |
| SELZENTRY SOLN | - | 2 | ANTIVIRALS |
| SELZENTRY TAB | - | 2 | ANTIVIRALS |
| SEREVENT DISKUS INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| sertraline conc (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sertraline tab (ZOLOFT equiv) | - | 1 | ANTIDEPRESSANTS |
| sevelamer powder pak (REVELA PAK equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sevelamer tab (REVELA TAB equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 | DERMATOLOGICALS |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | 1 | ANTIHYPERTENSIVES |
| sirolimus soln (RAPAMUNE equiv) | - | 1 | MISCELLANEOUS THERAPEUTIC CLASSE |
| sirolimus tab (RAPAMUNE equiv) | - | 1 | ASSORTED CLASSES |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| sodium chloride neb soln (HYPER-SAL equiv) | OTC | 1 | COUGH/COLD/ALLERGY |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| sodium fluoride chew tab (LURIDE equiv) | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride cream (PREVIDENT 5000 PLUS equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |

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| SODIUM FLUORIDE LOZENGE | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium fluoride soln (LURIDE SOLN. equiv) | - | 1 | MINERALS & ELECTROLYTES |
| SODIUM FLUORIDE TAB | - | 1 | MINERALS & ELECTROLYTES |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| sodium phenylbutyrate powder (BUPHENYL equiv) | PA | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium phenylbutyrate tab (BUPHENYL equiv) | PA | 1 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 1 | ASSORTED CLASSES |
| sodium polystyrene susp (SPS equiv) | - | 1 | ASSORTED CLASSES |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide lotion (KLARON equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | 1 | DERMATOLOGICALS |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | 2 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv) | - | 1 | DERMATOLOGICALS |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 1 | DERMATOLOGICALS |
| solifenacin tab (VESICARE equiv) | - | 1 | URINARY ANTISPASMODICS |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| SORIATANE CK KIT | - | 2 | DERMATOLOGICALS |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 | BETA BLOCKERS |
| sotalol tab (BETAPACE equiv) | - | 1 | BETA BLOCKERS |
| SOVALDI TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 | ANTIVIRALS |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| spironolactone tab (ALDACTONE equiv) | - | 1 | DIURETICS |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 | DIURETICS |
| SPRYCEL TAB | LMSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SSKI SOLN | - | 2 | COUGH/COLD/ALLERGY |
| stavudine cap (ZERIT equiv) | - | 1 | ANTIVIRALS |
| stavudine soln (ZERIT equiv) | - | 1 | ANTIVIRALS |
| STIMATE NASAL SOLN | - | 2 | ENDOCRINE AND METABOLIC AGENTS - MISC. |
| STIOLTO INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| STRIBILD TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| sucrafate tab (CARAFATE equiv) | - | 1 | ULCER DRUGS |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 | OPHTHALMIC AGENTS |

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| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 | OPHTHALMIC AGENTS |
| SULFADIAZINE TAB | - | 1 | SULFONAMIDES |
| SULFAMYLON CREAM | - | 2 | DERMATOLOGICALS |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| sulindac tab (CLINORIL equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| sumatriptan inj (QL= 6 inj/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 6 inj/30 days) | QL | 2 | MIGRAINE PRODUCTS |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan tab 25mg (IMITREX TAB equiv) (QL= 18 tabs/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 1 | MIGRAINE PRODUCTS |
| SUTENT CAP | MSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 | RESPIRATORY AGENTS - MISC. |
| SYMFI (LO) TAB | - | 2 | ANTIVIRALS |
| SYNAGIS INJ (Available through Avella Specialty Pharmacy 877-470-7603) | MSP-PA | 2 | PASSIVE IMMUNIZING AGENTS |
| TABLOID TAB | - | 2 | ANTINEOPLASTICS |
| tacrolimus cap (PROGRAF equiv) | - | 1 | ASSORTED CLASSES |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 | DERMATOLOGICALS |
| tadalafil tab (PAH) (ADCIRCA equiv) | LMSP-PA | 1 | CARDIOVASCULAR AGENTS - MISC. |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 | HEMATOLOGICAL AGENTS - MISC. |
| tamoxifen tab (NOLVADEX equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tamsulosin cap (FLOMAX equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| TARGRETIN GEL | LMSP | 2 | DERMATOLOGICALS |
| TASIGNA CAP | LMSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 | DERMATOLOGICALS |
| TAZORAC CREAM 0.05% | - | 2 | DERMATOLOGICALS |
| telmisartan tab (MICARDIS equiv) | - | 1 | ANTIHYPERTENSIVES |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| temozolomide cap (TEMODAR equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 1 | ANTIVIRALS |
| terazosin cap (HYTRIN equiv) | - | 1 | ANTIHYPERTENSIVES |
| terbinafine tab (LAMISIL equiv) | - | 1 | ANTIFUNGALS |
| terbutaline sulfate tab (BRETHINE equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| terconazole cream (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| TERCONAZOLE CREAM 8% | - | 1 | VAGINAL PRODUCTS |
| terconazole supp (TERAZOL equiv) | - | 1 | VAGINAL PRODUCTS |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | PA | 1 | ANDROGENS-ANABOLIC |
| testosterone enanthate inj (DELATESTRYL INJ. equiv) | PA | 1 | ANDROGENS-ANABOLIC |

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| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 | ANDROGENS-ANABOLIC |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 1 | ANDROGENS-ANABOLIC |
| tetracycline cap | - | 1 | TETRACYCLINES |
| THALOMID CAP | MSP-PA | 2 | ASSORTED CLASSES |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline ER tab (UNIPHYL equiv) | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| theophylline soln | - | 1 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| thioridazine tab (MELLARIL equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| thiothixene cap (NAVANE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| THYROLAR TAB | - | 2 | THYROID AGENTS |
| tiagabine tab (GABITRIL equiv) | - | 1 | ANTICONVULSANTS |
| ticlopidine tab (TICLID equiv) | - | 1 | HEMATOLOGICAL AGENTS - MISC. |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 1 | OPHTHALMIC AGENTS |
| timolol maleate tab (BLOCADREN equiv) | - | 1 | BETA BLOCKERS |
| TIMOLOL OPHTH GEL SOLN | - | 2 | OPHTHALMIC AGENTS |
| tinidazole tab (TINDAMAX equiv) | - | 2 | ANTI-INFECTIVE AGENTS - MISC. |
| tizanidine cap (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| tizanidine tab (ZANAFLEX equiv) | - | 1 | MUSCULOSKELETAL THERAPY AGENTS |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 1 | AMINOGLYCOSIDES |
| tobramycin ophth soln (TOBREX equiv) | - | 1 | OPHTHALMIC AGENTS |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 | OPHTHALMIC AGENTS |
| TODAY SPONGE | OTC | \$0 | VAGINAL PRODUCTS |
| tolazamide tab (TOLINASE equiv) | - | 1 | ANTIDIABETICS |
| TOLBUTAMIDE TAB | - | 2 | ANTIDIABETICS |
| tolmetin cap (TOLECTIN DS equiv) | - | 1 | ANALGESICS - ANTI-INFLAMMATORY |
| tolterodine SR cap (DETROL LA equiv) | - | 1 | URINARY ANTISPASMODICS |
| tolterodine tab (DETROL equiv) | - | 1 | URINARY ANTISPASMODICS |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| topiramate tab (TOPAMAX equiv) | - | 1 | ANTICONVULSANTS |
| toremifene tab (FARESTON equiv) | - | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| torseamide tab (DEMADEX equiv) | - | 1 | DIURETICS |
| TOUJEO SOLOSTAR INJ | - | 2 | ANTIDIABETICS |
| TOVIAZ TAB | - | 2 | URINARY ANTISPASMODICS |
| TRACLEER TAB 32MG (Only available through Walgreens 888-347-3416) | LD-PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| TRACLEER TAB 62.5MG, 125MG (Only available through Walgreens 888-347-3416) | LD-PA | 2 | CARDIOVASCULAR AGENTS - MISC. |

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|---|---------------------|-------------|---|
| tramadol ER tab (ULTRAM ER equiv) | - | 1 | ANALGESICS - OPIOID |
| tramadol tab (ULTRAM equiv) | - | 1 | ANALGESICS - OPIOID |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 | ANALGESICS - OPIOID |
| trandolapril tab (MAVIK equiv) | - | 1 | ANTIHYPERTENSIVES |
| tranexamic acid tab (LYSTEDA equiv) (QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID) | QL-ST | 2 | HEMOSTATICS |
| tranylcypromine tab (PARNATE equiv) | - | 1 | ANTIDEPRESSANTS |
| TRAVATAN Z OPHTH SOLN (QL= 5ml/30 days) | QL | 2 | OPHTHALMIC AGENTS |
| trazodone tab (DESYREL equiv) | - | 1 | ANTIDEPRESSANTS |
| TRELEGY ELLIPTA INHALER | - | 2 | ANTIASTHMATIC AND BRONCHODILATOR AGENTS |
| TRESIBA FLEXTOUCH INJ | - | 2 | ANTIDIABETICS |
| TRESIBA INJ | - | 2 | ANTIDIABETICS |
| tretinoin cap (VESANOID equiv) | LMSP | 1 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| tretinoin cream | - | 1 | DERMATOLOGICALS |
| tretinoin gel (RETIN-A GEL equiv) | - | 1 | DERMATOLOGICALS |
| triamcinolone cream | - | 1 | DERMATOLOGICALS |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 | MOUTH/THROAT/DENTAL AGENTS |
| triamcinolone lotion | - | 1 | DERMATOLOGICALS |
| triamcinolone nasal spray (NASACORT equiv) | - | 2 | NASAL AGENTS - SYSTEMIC AND TOPICAL |
| triamcinolone oint | - | 1 | DERMATOLOGICALS |
| triamcinolone spray (KENALOG equiv) | - | 1 | DERMATOLOGICALS |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 | DIURETICS |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 | DIURETICS |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 | DIURETICS |
| triazolam tab (HALCION equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDEI AGENTS |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 | GENITOURINARY AGENTS - MISCELLANEOUS |
| tricon cap (TRINSICON equiv) | - | 1 | HEMATOPOIETIC AGENTS |
| trifluoperazine tab (STELAZINE equiv) | - | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| TRIFLURIDINE OPHTH SOLN | - | 1 | OPHTHALMIC AGENTS |
| trifluridine ophth soln (VIROPTIC equiv) | - | 1 | OPHTHALMIC AGENTS |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 | ANTIPARKINSON AGENTS |
| tri-legest tab (ESTROSTEP FE equiv) | - | 1 | CONTRACEPTIVES |
| trilyte soln (NULYTELY equiv) | - | 1 | LAXATIVES |
| trimethobenzamide cap (TIGAN equiv) | - | 1 | ANTIEMETICS |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv) | - | 1 | CONTRACEPTIVES |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | 2 | ANTIVIRALS |
| TRI-VI-FLOR SUSP | - | 2 | MULTIVITAMINS |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 | OPHTHALMIC AGENTS |
| TRUVADA TAB (QL= 1 tab/day) | PA-QL | 2 | ANTIVIRALS |
| tussigon tab (HYCODAN equiv) | - | 1 | COUGH/COLD/ALLERGY |
| TYVASO INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| U-CORT CREAM | - | 2 | DERMATOLOGICALS |
| UDENYCA INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |
| ursodiol cap (ACTIGALL equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |

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| ursodiol tab (URSO (FORTE) equiv) | - | 1 | GASTROINTESTINAL AGENTS - MISC. |
| valacyclovir tab (VALTREX equiv) | - | 1 | ANTIVIRALS |
| valganciclovir soln (VALCYTE equiv) | - | 1 | ANTIVIRALS |
| valganciclovir tab (VALCYTE equiv) | - | 1 | ANTIVIRALS |
| valproic acid cap (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valproic acid syrup (DEPAKENE equiv) | - | 1 | ANTICONVULSANTS |
| valsartan tab (DIOVAN equiv) | - | 1 | ANTIHYPERTENSIVES |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 | ANTIHYPERTENSIVES |
| VANCOMYCIN SOLN KIT | - | 1 | ANTI-INFECTIVE AGENTS - MISC. |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | \$0 | VAGINAL PRODUCTS |
| venlafaxine ER cap (EFFEXOR XR equiv) | PA | 1 | ANTIDEPRESSANTS |
| venlafaxine tab (EFFEXOR equiv) | PA | 1 | ANTIDEPRESSANTS |
| VENTAVIS INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | 2 | CARDIOVASCULAR AGENTS - MISC. |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 2 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| VERAPAMIL CAP 100MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL ER CAP 300MG | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR cap (VERELAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VERAPAMIL SR CAP 360mg | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| verapamil tab (CALAN equiv) | - | 1 | CALCIUM CHANNEL BLOCKERS |
| VEXOL OPHTH SUSP | - | 2 | OPHTHALMIC AGENTS |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 | MEDICAL DEVICES AND SUPPLIES |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 | ANTIDIABETICS |
| VIDEX EC CAP 125MG | - | 2 | ANTIVIRALS |
| VIDEX SOLN | - | 2 | ANTIVIRALS |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 1 | ANTICONVULSANTS |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 1 | ANTICONVULSANTS |
| VIMPAT INJ (QL= 1200 units/30 days) | QL | 2 | ANTICONVULSANTS |
| VIMPAT SOLN (QL= 600 ml/30 days) | QL | 2 | ANTICONVULSANTS |
| VIMPAT TAB (QL= 2 tabs/day, Step Therapy requires trial of carbamazepine, divalproex, lamotrigine or topiramate) | QL-ST | 2 | ANTICONVULSANTS |
| VIRACEPT POWDER | - | 2 | ANTIVIRALS |
| VIRACEPT TAB | - | 2 | ANTIVIRALS |
| VIREAD TAB | - | 2 | ANTIVIRALS |
| vitamin D cap (RX strength only) | - | 1 | VITAMINS |
| VITEKTA TAB | - | 2 | ANTIVIRALS |
| VYVANSE CAP | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| VYVANSE CHEW TAB | - | 2 | ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY//NOREXIANTS |
| warfarin tab (COUMADIN equiv) | - | 1 | ANTICOAGULANTS |
| XULANE PATCH | - | 1 | CONTRACEPTIVES |
| zafirlukast tab (ACCOLATE equiv) | - | 1 | ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS |
| zaleplon cap (SONATA equiv) | - | 1 | HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS |
| ZARXIO INJ | LMSP | 2 | HEMATOPOIETIC AGENTS |

| | | | | | |
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 Alphabetical Index
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| Drug Name | Special Code | Tier | Category |
|--|---------------------|-------------|--|
| zidovudine cap (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zidovudine syrup (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zidovudine tab (RETROVIR equiv) | - | 1 | ANTIVIRALS |
| zinc sulfate cap | - | 1 | MINERALS & ELECTROLYTES |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | 1 | ANTIPSYCHOTICS/ANTIMANIC AGENTS |
| ZIRGAN OPHTH GEL | - | 2 | OPHTHALMIC AGENTS |
| ZITHROMAX POWDER PACK | - | 1 | MACROLIDES |
| ZOLINZA CAP | LMSP-PA | 2 | ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES |
| zonisamide cap (ZONEGRAN equiv) | - | 1 | ANTICONVULSANTS |
| ZORTRESS TAB | PA | 2 | ASSORTED CLASSES |
| ZUBSOLV SL TAB | - | 2 | ANALGESICS - OPIOID |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 | OPHTHALMIC AGENTS |

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**Colorado Access Child Health Plan Plus State Managed Care Network
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|--|--------------|------|
| ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS | | |
| AMPHETAMINES | | |
| amphetamine/dextroamphetamine tab (ADDERALL equiv) | - | 1 |
| dextroamphetamine ER cap (DEXEDRINE equiv) | - | 1 |
| dextroamphetamine tab (DEXEDRINE equiv) | - | 1 |
| ADDERALL XR CAP (QL= 2 caps/day) | QL | 2 |
| VYVANSE CAP | - | 2 |
| VYVANSE CHEW TAB | - | 2 |
| ANALECTICS | | |
| caffeine citrate soln (CAFCIT equiv) (Only covered for members less than 1 year old) | - | 2 |
| ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS | | |
| atomoxetine cap (STRATTERA CAP equiv) (QL= 1 cap/day) | QL | 1 |
| clonidine ER tab (KAPVAY equiv) (QL= 2 tabs/day) | QL | 2 |
| guanfacine ER tab (INTUNIV equiv) (QL= 1 tab/day) | QL | 2 |
| STIMULANTS - MISC. | | |
| armodafinil tab (NUVIGIL equiv) (QL= 1 tab/day) | PA-QL | 1 |
| dexmethylphenidate ER cap (FOCALIN XR equiv) (QL= 1 cap/day) | QL | 1 |
| dexmethylphenidate tab (FOCALIN equiv) | - | 1 |
| methylphenidate CD cap (METADATE CD equiv) | - | 1 |
| methylphenidate ER tab | - | 1 |
| methylphenidate soln (METHYLIN equiv) | - | 1 |
| methylphenidate tab (RITALIN equiv) | - | 1 |
| modafinil tab (PROVIGIL equiv) (QL= 2 tabs/day) | PA-QL | 1 |
| METHYLPHENIDATE ER TAB (QL= 1 tab/day) | QL | 2 |
| METHYLPHENIDATE ER TAB 36MG (QL= 2 tabs/day) | QL | 2 |
| AMINOGLYCOSIDES | | |
| AMINOGLYCOSIDES | | |
| neomycin tab | - | 1 |
| paromomycin cap (HUMATIN equiv) | - | 1 |
| tobramycin neb soln (TOBI equiv) (Restricted to Infectious Disease or Pulmonology Specialist) | LMSP-RS | 1 |
| BETHKIS NEB SOLN | MSP | 2 |
| KITABIS PAK NEB SOLN | MSP | 2 |
| ANALGESICS - ANTI-INFLAMMATORY | | |
| ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES | | |
| HUMIRA INJ 10MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 |
| HUMIRA INJ 20MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 |
| HUMIRA INJ 40MG (QL= 2 syringes/28 days) | LMSP-PA-QL | 2 |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK (QL= 1 pack/fill, 1 fill/plan year) | LMSP-PA-QL | 2 |
| HUMIRA PEN INJ 40MG (QL= 2 pens/28 days) | LMSP-PA-QL | 2 |
| GOLD COMPOUNDS | | |
| RIDAURA CAP | - | 2 |
| INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) | | |
| KINERET INJ (Only available through Biologics 800-850-4306) | LD-PA | 2 |
| INTERLEUKIN-6 RECEPTOR INHIBITORS | | |
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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ACTEMRA ACTPEN INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| ACTEMRA SC INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| KEVZARA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) | | |
| celecoxib cap (CELEBREX equiv) (QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS) | QL-ST | 1 |
| diclofenac potassium tab (CATAFLAM equiv) | - | 1 |
| diclofenac sodium EC tab (VOLTAREN equiv) | - | 1 |
| diclofenac sodium XR tab (VOLTAREN XR equiv) | - | 1 |
| etodolac cap (LODINE equiv) | - | 1 |
| etodolac ER tab (LODINE XL equiv) | - | 1 |
| etodolac tab | - | 1 |
| flurbiprofen tab (ANSAID equiv) | - | 1 |
| ibuprofen susp | - | 1 |
| ibuprofen tab | - | 1 |
| ibuprofen tab (Rx only) | - | 1 |
| indomethacin cap (INDOCIN equiv) | - | 1 |
| indomethacin CR cap (INDOCIN SR equiv) | - | 1 |
| KETOPROFEN CAP | - | 1 |
| ketoprofen cap (ORUDIS equiv) | - | 1 |
| ketorolac tab (TORADOL equiv) (QL= 20 tabs/5 days) | QL | 1 |
| meloxicam tab (MOBIC equiv) | - | 1 |
| nabumetone tab (RELAFEN equiv) | - | 1 |
| naproxen EC tab (NAPROSYN EC equiv) | - | 1 |
| naproxen sodium tab (ANAPROX equiv) | - | 1 |
| naproxen tab (NAPROSYN equiv) | - | 1 |
| oxaprozin tab (DAYPRO equiv) | - | 1 |
| piroxicam cap (FELDENE equiv) | - | 1 |
| sulindac tab (CLINORIL equiv) | - | 1 |
| tolmetin cap (TOLECTIN DS equiv) | - | 1 |
| INDOCIN SUPP | - | 2 |
| INDOCIN SUSP | - | 2 |
| NAPROXEN SUSP | - | 2 |
| PHOSPHODIESTERASE 4 (PDE4) INHIBITORS | | |
| OTEZLA STARTER PACK (QL= 1 pack/28 days) | LMSP-PA-QL | 2 |
| OTEZLA TAB (QL= 2 tabs/day) | LMSP-PA-QL | 2 |
| PYRIMIDINE SYNTHESIS INHIBITORS | | |
| leflunomide tab (ARAVA equiv) | - | 1 |
| SELECTIVE COSTIMULATION MODULATORS | | |
| ORENCIA CLICK INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 125MG/ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 50MG/0.4ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ORENCIA SC INJ 87.5MG/0.7ML (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS | | |
| ENBREL INJ 25MG | LMSP-PA | 2 |
| ENBREL INJ 25MG (QL= 8 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL INJ 50MG | LMSP-PA | 2 |

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| ANALGESICS - ANTI-INFLAMMATORY Cont. | | |
| ENBREL MINI INJ (QL= 4 inj/28 days) | LMSP-PA-QL | 2 |
| ENBREL SURECLICK INJ 50MG | LMSP-PA | 2 |

ANALGESICS - NONNARCOTIC

| DrugName | Special Code | Tier |
|---|--------------|------|
| SALICYLATES | | |
| buffered aspirin | OTC | 1 |
| CHOLINE MAGNESIUM TRISALICYLATE TAB | - | 1 |
| choline magnesium trisalicylate tab (TRILISATE equiv) | - | 1 |
| diflunisal tab (DOLOBID equiv) | - | 1 |
| salsalate tab (DISALCID equiv) | - | 1 |

ANALGESICS - OPIOID

| DrugName | Special Code | Tier |
|--|--------------|------|
| OPIOID AGONISTS | | |
| codeine sulfate tab | - | 1 |
| fentanyl patch (DURAGESIC equiv) | - | 1 |
| hydromorphone ER tab (EXALGO equiv) | - | 1 |
| hydromorphone liquid (DILAUDID-5 LIQUID equiv) | - | 1 |
| HYDROMORPHONE SUPP | - | 1 |
| hydromorphone tab (DILAUDID equiv) | - | 1 |
| LEVORPHANOL TAB | - | 1 |
| levorphanol tab (LEVORPHANOL equiv) | - | 1 |
| MEPERIDINE TAB | - | 1 |
| meperidine tab (DEMEROL equiv) | - | 1 |
| METHADONE SOLN | - | 1 |
| methadone tab (DOLOPHINE equiv) | - | 1 |
| methadose tab | - | 1 |
| morphine sulfate ER tab (MS CONTIN equiv) | - | 1 |
| morphine sulfate soln | - | 1 |
| morphine sulfate supp | - | 1 |
| morphine sulfate tab | - | 1 |
| oxycodone cap (OXYIR equiv) | - | 1 |
| oxycodone conc (ROXICODONE equiv) | - | 1 |
| oxycodone soln (ROXICODONE equiv) | - | 1 |
| oxycodone tab (ROXICODONE equiv) | - | 1 |
| tramadol ER tab (ULTRAM ER equiv) | - | 1 |
| tramadol tab (ULTRAM equiv) | - | 1 |
| HYSINGLA ER TAB (QL= 1 tab/day) | QL | 2 |
| OXYCONTIN CR TAB (QL= 120 tabs/30 days) | QL | 2 |

| DrugName | Special Code | Tier |
|--|--------------|------|
| OPIOID COMBINATIONS | | |
| acetaminophen/codeine soln | - | 1 |
| acetaminophen/codeine tab (TYLENOL/CODEINE equiv) | - | 1 |
| aspirin/codeine tab | - | 1 |
| hydrocodone/acetaminophen cap (LORCET equiv) | - | 1 |
| hydrocodone/acetaminophen soln (HYCET, LORTAB equiv) | - | 1 |
| hydrocodone/acetaminophen tab (LORTAB equiv) | - | 1 |
| hydrocodone/ibuprofen tab (VICOPROFEN equiv) | - | 1 |
| oxycodone/acetaminophen cap (TYLOX equiv) | - | 1 |
| OXYCODONE/ACETAMINOPHEN SOLN | - | 1 |

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| ANALGESICS - OPIOID Cont. | | |
| oxycodone/acetaminophen tab (PERCOCET equiv) | - | 1 |
| oxycodone/aspirin tab (PERCODAN equiv) | - | 1 |
| oxycodone/ibuprofen tab (COMBUNOX equiv) | - | 1 |
| pentazocine/acetaminophen tab (TALACEN equiv) | - | 1 |
| tramadol/acetaminophen tab (ULTRACET equiv) | - | 1 |
| OPIOID PARTIAL AGONISTS | | |
| butorphanol nasal spray (STADOL equiv) (QL= 1 bottle/30 days) | QL | 1 |
| BUNAVAIL FILM | - | 2 |
| ZUBSOLV SL TAB | - | 2 |
| ANDROGENS-ANABOLIC | | |
| ANABOLIC STEROIDS | | |
| oxandrolone tab (OXANDRIN equiv) | - | 1 |
| ANDROGENS | | |
| danazol cap (DANOCRINE equiv) | - | 1 |
| testosterone cypionate inj (DEPO-TESTOSTERONE equiv) | PA | 1 |
| testosterone enanthate inj (DELATESTRYL INJ. equiv) | PA | 1 |
| testosterone gel 1% 25mg (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 |
| testosterone gel 1% 50mg (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 |
| testosterone gel 1% pump (ANDROGEL equiv) (QL= 4 bottles/30 days) | PA-QL | 1 |
| testosterone gel 1.62% 1.25gm (ANDROGEL equiv) (QL= 1 packet/day) | PA-QL | 1 |
| testosterone gel 1.62% 2.5gm (ANDROGEL equiv) (QL= 2 packets/day) | PA-QL | 1 |
| testosterone gel pump 1.62% (ANDROGEL equiv) (QL= 2 bottles/30 days) | PA-QL | 1 |
| ANDRODERM PATCH (QL= 1 patch/day) | PA-QL | 2 |
| ANDROXY TAB | - | 2 |
| TESTOSTERONE GEL 1% 25MG (QL= 1 packet/day) | PA-QL | 2 |
| TESTOSTERONE GEL 1% 50MG (QL= 2 packets/day) | PA-QL | 2 |
| TESTOSTERONE GEL PUMP (QL= 4 bottles/30 days) | PA-QL | 2 |
| ANORECTAL AGENTS | | |
| INTRARECTAL STEROIDS | | |
| hydrocortisone enema (CORTENEMA equiv) | - | 1 |
| RECTAL COMBINATIONS | | |
| lidocaine/hydrocortisone cream (ANAMANTLE equiv) | - | 1 |
| pramoxine/hydrocortisone cream (ANALPRAM HC equiv) | - | 1 |
| pramoxine/hydrocortisone cream kit (ANALPRAM-HC equiv) | - | 1 |
| PROCTOFOAM HC FOAM | - | 2 |
| RECTAL STEROIDS | | |
| proctosol HC cream (ANUSOL HC equiv) | - | 1 |
| hydrocortisone supp (ANUSOL HC equiv) | - | 2 |
| ANTHELMINTICS | | |
| ANTHELMINTICS | | |
| ivermectin tab (STROMECTOL equiv) | - | 1 |
| BENZNIDAZOLE TAB | PA | 2 |
| ANTIANGINAL AGENTS | | |
| NITRATES | | |

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| ANTIANGINAL AGENTS Cont. | | |
| isosorbide dinitrate ER tab (ISOCHRON equiv) | - | 1 |
| isosorbide dinitrate SL tab | - | 1 |
| isosorbide dinitrate tab (ISORDIL equiv) | - | 1 |
| ISOSORBIDE DINITRATE TAB 30MG | - | 1 |
| isosorbide mononitrate ER tab (IMDUR equiv) | - | 1 |
| isosorbide mononitrate tab (MONOKET equiv) | - | 1 |
| nitroglycerin lingual spray (NITROLINGUAL equiv) | - | 1 |
| nitroglycerin patch (NITRO-DUR equiv) | - | 1 |
| nitroglycerin SL tab (NITROSTAT equiv) | - | 1 |
| nitroglycerin SR cap | - | 1 |
| NITRO-DUR PATCH 0.3MG/HR, 0.8MG/HR | - | 2 |
| ANTIANGIETY AGENTS | | |
| ANTIANGIETY AGENTS - MISC. | | |
| buspirone tab (BUSPAR equiv) | - | 1 |
| hydroxyzine pamoate cap (VISTARIL equiv) | - | 1 |
| hydroxyzine syrup (ATARAX equiv) | - | 1 |
| hydroxyzine tab (ATARAX equiv) | - | 1 |
| meprobamate tab (MILTOWN equiv) | - | 1 |
| BENZODIAZEPINES | | |
| alprazolam ER tab (XANAX XR equiv) | - | 1 |
| alprazolam ODT (NIRAVAM equiv) | - | 1 |
| alprazolam tab (XANAX equiv) | - | 1 |
| chlordiazepoxide cap (LIBRIUM equiv) | - | 1 |
| clorazepate tab (TRANXENE-T equiv) | - | 1 |
| diazepam conc (VALIUM equiv) | - | 1 |
| DIAZEPAM SOLN | - | 1 |
| diazepam tab (VALIUM equiv) | - | 1 |
| lorazepam conc (ATIVAN equiv) | - | 1 |
| lorazepam tab (ATIVAN equiv) | - | 1 |
| OXAZEPAM CAP | - | 1 |
| oxazepam cap (SERAX equiv) | - | 1 |
| ANTIARRHYTHMICS | | |
| ANTIARRHYTHMICS TYPE I-A | | |
| disopyramide cap (NORPACE equiv) | - | 1 |
| disopyramide ER cap (NORPACE CR equiv) | - | 1 |
| quinidine gluconate CR tab | - | 1 |
| quinidine sulfate tab | - | 1 |
| NORPACE CR CAP | - | 2 |
| ANTIARRHYTHMICS TYPE I-B | | |
| MEXILETINE CAP | - | 2 |
| ANTIARRHYTHMICS TYPE I-C | | |
| flecainide tab (TAMBOCOR equiv) | - | 1 |
| propafenone tab (RYTHMOL equiv) | - | 1 |
| ANTIARRHYTHMICS TYPE III | | |
| amiodarone tab (CORDARONE equiv) | - | 1 |

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| ANTIARRHYTHMICS Cont. | | |
| dofetilide cap (TIKOSYN equiv) | - | 1 |
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS | | |
| ANTI-INFLAMMATORY AGENTS | | |
| cromolyn neb soln (INTAL equiv) | - | 1 |
| BRONCHODILATORS - ANTICHOLINERGICS | | |
| ipratropium neb soln (ATROVENT equiv) | - | 1 |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT (QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL) | QL-ST | 2 |
| LEUKOTRIENE MODULATORS | | |
| montelukast chew tab (SINGULAIR equiv) | - | 1 |
| montelukast tab (SINGULAIR equiv) | - | 1 |
| zafirlukast tab (ACCOLATE equiv) | - | 1 |
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA INHALER (QL= 1 inhaler/30 days) | QL | 1 |
| ASMANEX HFA INHALER (QL= 1 inhaler/30 days) | QL | 1 |
| ASMANEX INHALER (QL= 1 inhaler/30 days) | QL | 1 |
| budesonide inh susp (PULMICORT equiv) | - | 1 |
| FLOVENT DISKUS INHALER | - | 1 |
| FLOVENT HFA INHALER | - | 1 |
| SYMPATHOMIMETICS | | |
| ADVAIR DISKUS INHALER | - | 1 |
| albuterol neb soln 0.083% (PROVENTIL equiv) | - | 1 |
| albuterol neb soln 0.5% (VENTOLIN equiv) | - | 1 |
| albuterol neb soln 0.63mg (ACCUNEB equiv) | - | 1 |
| albuterol neb soln 1.25mg (ACCUNEB equiv) | - | 1 |
| albuterol sulfate ER tab (VOSPIRE ER equiv) | - | 1 |
| albuterol sulfate syrup | - | 1 |
| albuterol sulfate tab | - | 1 |
| albuterol/ipratropium neb soln (DUONEB equiv) | - | 1 |
| epinephrine inj | - | 1 |
| FLUTICASONE/SALMETEROL INHALER | - | 1 |
| levalbuterol neb soln (XOPENEX equiv) (Step Therapy requires trial of albuterol neb) | ST | 1 |
| METAPROTERENOL SYRUP | - | 1 |
| terbutaline sulfate tab (BRETHINE equiv) | - | 1 |
| ADVAIR HFA INHALER | - | 2 |
| ALBUTEROL TAB ER | - | 2 |
| BREO ELLIPTA INHALER | - | 2 |
| COMBIVENT RESPIMAT INHALER | - | 2 |
| DULERA INHALER | - | 2 |
| FORADIL AEROLIZER | - | 2 |
| SEREVENT DISKUS INHALER | - | 2 |
| STIOLTO INHALER | - | 2 |
| TRELEGY ELLIPTA INHALER | - | 2 |
| VENTOLIN HFA INHALER (QL= 2 inhalers/30 days) | QL | 2 |
| XANTHINES | | |

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| | | | | | |
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| DrugName | Special Code | Tier |
|---|---------------------|-------------|
| ANTIASTHMATIC AND BRONCHODILATOR AGENTS Cont. | | |
| aminophylline tab | - | 1 |
| theophylline CR tab (QUIBRON-T equiv) | - | 1 |
| theophylline ER tab (UNIPHYL equiv) | - | 1 |
| theophylline soln | - | 1 |
| ELIXOPHYLLIN ELIXIR | - | 2 |
| ANTICOAGULANTS | | |
| COUMARIN ANTICOAGULANTS | | |
| warfarin tab (COUMADIN equiv) | - | 1 |
| HEPARINS AND HEPARINOID-LIKE AGENTS | | |
| heparin flush | - | 1 |
| heparin inj | - | 1 |
| enoxaparin inj (LOVENOX equiv) | - | 2 |
| FRAGMIN INJ | - | 2 |
| ANTICONVULSANTS | | |
| ANTICONVULSANTS - BENZODIAZEPINES | | |
| clobazam tab (ONFI equiv) (QL= 2 tabs/day) | PA-QL | 1 |
| clonazepam ODT (KLONOPIN equiv) | - | 1 |
| clonazepam tab (KLONOPIN equiv) | - | 1 |
| DIASTAT RECTAL GEL, DIAZEPAM RECTAL GEL | - | 2 |
| ANTICONVULSANTS - MISC. | | |
| carbamazepine chew tab (TEGRETOL equiv) | - | 1 |
| carbamazepine ER tab (TEGRETOL XR equiv) | - | 1 |
| carbamazepine susp (TEGRETOL equiv) | - | 1 |
| carbamazepine tab (TEGRETOL equiv) | - | 1 |
| gabapentin cap (NEURONTIN equiv) | - | 1 |
| gabapentin soln (NEURONTIN equiv) | - | 1 |
| gabapentin tab (NEURONTIN equiv) | - | 1 |
| lamotrigine chew tab (LAMICTAL equiv) | - | 1 |
| lamotrigine ODT (LAMICTAL equiv) | - | 1 |
| lamotrigine ODT kit (LAMICTAL ODT KIT equiv) | - | 1 |
| lamotrigine tab (LAMICTAL equiv) | - | 1 |
| levetiracetam soln (KEPPRA equiv) | - | 1 |
| levetiracetam tab (KEPPRA equiv) | - | 1 |
| oxcarbazepine susp (TRILEPTAL equiv) | - | 1 |
| oxcarbazepine tab (TRILEPTAL equiv) | - | 1 |
| primidone tab (MYSOLINE equiv) | - | 1 |
| topiramate sprinkle cap (TOPAMAX equiv) | - | 1 |
| topiramate tab (TOPAMAX equiv) | - | 1 |
| zonisamide cap (ZONEGRAN equiv) | - | 1 |
| BANZEL SUSP (QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate) | QL-ST | 2 |
| BANZEL TAB (QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate) | QL-ST | 2 |
| carbamazepine ER cap (CARBATROL equiv) | - | 2 |
| LAMICTAL CHEW TAB 2MG | - | 2 |
| lamotrigine ER tab (LAMICTAL XR equiv) | - | 2 |
| LYRICA CAP | PA | 2 |
| LYRICA SOLN | PA | 2 |

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|--|---------------------|-------------|
| ANTICONVULSANTS Cont. | | |
| POTIGA TAB (QL= 3 tabs/day) | PA-QL | 2 |
| VIMPAT INJ (QL= 1200 units/30 days) | QL | 2 |
| VIMPAT SOLN (QL= 600 ml/30 days) | QL | 2 |
| VIMPAT TAB (QL= 2 tabs/day, Step Therapy requires trial of carbamazepine, divalproex, lamotrigine or topiramate) | QL-ST | 2 |
| CARBAMATES | | |
| felbamate susp (FELBATOL equiv) | - | 1 |
| felbamate tab (FELBATOL equiv) | - | 2 |
| GABA MODULATORS | | |
| tiagabine tab (GABITRIL equiv) | - | 1 |
| vigabatrin powder pack (SABRIL POWDER equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 1 |
| vigabatrin tab (SABRIL equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 1 |
| HYDANTOINS | | |
| phenytoin cap (DILANTIN equiv) | - | 1 |
| phenytoin chew tab (DILANTIN equiv) | - | 1 |
| phenytoin susp (DILANTIN equiv) | - | 1 |
| DILANTIN CAP 30MG | - | 2 |
| PEGANONE TAB | - | 2 |
| SUCCINIMIDES | | |
| ethosuximide cap (ZARONTIN equiv) | - | 1 |
| ethosuximide soln (ZARONTIN equiv) | - | 1 |
| CELONTIN CAP | - | 2 |
| VALPROIC ACID | | |
| divalproex ER tab (DEPAKOTE ER equiv) | - | 1 |
| divalproex sodium DR tab (DEPAKOTE equiv) | - | 1 |
| divalproex sprinkle cap (DEPAKOTE equiv) | - | 1 |
| valproic acid cap (DEPAKENE equiv) | - | 1 |
| valproic acid syrup (DEPAKENE equiv) | - | 1 |
| ANTIDEPRESSANTS | | |
| ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) | | |
| mirtazapine ODT (REMERON equiv) | - | 1 |
| mirtazapine tab (REMERON equiv) | - | 1 |
| ANTIDEPRESSANTS - MISC. | | |
| bupropion ER tab (WELLBUTRIN equiv) | - | 1 |
| bupropion tab (WELLBUTRIN equiv) | - | 1 |
| bupropion XL tab (WELLBUTRIN XL equiv) | - | 1 |
| MAPROTILINE TAB | - | 1 |
| MONOAMINE OXIDASE INHIBITORS (MAOIS) | | |
| phenelzine tab (NARDIL equiv) | - | 1 |
| tranylcypromine tab (PARNATE equiv) | - | 1 |
| MARPLAN TAB | - | 2 |
| NARDIL TAB | - | 2 |
| SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) | | |
| citalopram soln (CELEXA equiv) | - | 1 |
| citalopram tab (CELEXA equiv) | - | 1 |
| escitalopram tab (LEXAPRO equiv) (QL= 1 tab/day) | QL | 1 |

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| ANTIDEPRESSANTS Cont. | | |
| fluoxetine cap (PROZAC equiv) | - | 1 |
| fluoxetine soln (PROZAC equiv) | - | 1 |
| fluoxetine tab (PROZAC equiv) | - | 1 |
| FLUOXETINE TAB 60MG | - | 1 |
| fluvoxamine ER cap (LUVOX CR equiv) (Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine) | ST | 1 |
| fluvoxamine tab (LUVOX equiv) | - | 1 |
| paroxetine ER tab (PAXIL CR equiv) | - | 1 |
| paroxetine tab (PAXIL equiv) | - | 1 |
| sertraline conc (ZOLOFT equiv) | - | 1 |
| sertraline tab (ZOLOFT equiv) | - | 1 |
| escitalopram soln (LEXAPRO equiv) (QL= 600 units/30 days) | QL | 2 |
| SEROTONIN MODULATORS | | |
| NEFAZODONE TAB | - | 1 |
| nefazodone tab 50mg, 250mg | - | 1 |
| trazodone tab (DESYREL equiv) | - | 1 |
| SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) | | |
| duloxetine EC cap (CYMBALTA equiv) | - | 1 |
| venlafaxine ER cap (EFFEXOR XR equiv) | PA | 1 |
| venlafaxine tab (EFFEXOR equiv) | PA | 1 |
| TRICYCLIC AGENTS | | |
| amitriptyline tab (ELAVIL equiv) | - | 1 |
| AMOXAPINE TAB | - | 1 |
| clomipramine cap (ANAFRANIL equiv) | - | 1 |
| desipramine tab (NORPRAMIN equiv) | - | 1 |
| doxepin cap (SINEQUAN equiv) | - | 1 |
| doxepin conc (SINEQUAN equiv) | - | 1 |
| imipramine pamoate cap (TOFRANIL PM equiv) | - | 1 |
| imipramine tab (TOFRANIL equiv) | - | 1 |
| nortriptyline cap (PAMELOR equiv) | - | 1 |
| nortriptyline oral soln (NORTRIPTYLINE equiv) | - | 1 |
| NORTRIPTYLINE SOLN | - | 1 |
| protriptyline tab (VIVACTIL equiv) | - | 1 |
| ANTIDIABETICS | | |
| ALPHA-GLUCOSIDASE INHIBITORS | | |
| acarbose tab (PRECOSE equiv) | - | 1 |
| miglitol tab (GLYSET equiv) | - | 1 |
| ANTIDIABETIC COMBINATIONS | | |
| glipizide/metformin tab (METAGLIP equiv) | - | 1 |
| glyburide/metformin tab (GLUCOVANCE equiv) | - | 1 |
| AVANDAMET TAB | - | 2 |
| AVANDARYL TAB | - | 2 |
| JANUMET XR TAB | - | 2 |
| BIGUANIDES | | |
| metformin ER tab (GLUCOPHAGE XR equiv) | - | 1 |

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| ANTIDIABETICS Cont. | | |
| metformin tab (GLUCOPHAGE equiv) | - | 1 |
| DIABETIC OTHER | | |
| GLUCAGEN HYPOKIT INJ | - | 2 |
| GLUCAGON INJ KIT | - | 2 |
| INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) | | |
| BYDUREON BCISE AUTO INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON INJ (QL= 4 inj/28 days) | QL | 2 |
| BYDUREON PEN INJ (QL= 4 inj/28 days) | QL | 2 |
| OZEMPIC INJ (QL= 1 pack/28 days) | QL | 2 |
| VICTOZA INJ (QL= 9ml/30 days) | QL | 2 |
| INSULIN | | |
| FIASP FLEXTOUCH INJ | - | 2 |
| FIASP INJ | - | 2 |
| HUMULIN N INJ | OTC | 2 |
| HUMULIN R INJ U-500 | - | 2 |
| LANTUS INJ | - | 2 |
| LANTUS SOLOSTAR INJ | - | 2 |
| LEVEMIR FLEXTOUCH INJ | - | 2 |
| LEVEMIR INJ | - | 2 |
| NOVOLIN INJ | OTC | 2 |
| NOVOLOG FLEXPEN INJ | - | 2 |
| NOVOLOG INJ | - | 2 |
| NOVOLOG MIX FLEXPEN INJ | - | 2 |
| NOVOLOG MIX INJ | - | 2 |
| NOVOLOG PENFILL INJ | - | 2 |
| TOUJEO SOLOSTAR INJ | - | 2 |
| TRESIBA FLEXTOUCH INJ | - | 2 |
| TRESIBA INJ | - | 2 |
| INSULIN SENSITIZING AGENTS | | |
| pioglitazone tab (ACTOS TAB equiv) | - | 1 |
| AVANDIA TAB | - | 2 |
| MEGLITINIDE ANALOGUES | | |
| nateglinide tab (STARLIX equiv) | - | 1 |
| repaglinide tab (PRANDIN equiv) | - | 1 |
| SULFONYLUREAS | | |
| chlorpropamide tab (DIABINESE equiv) | - | 1 |
| glimepiride tab (AMARYL equiv) | - | 1 |
| glipizide ER tab (GLUCOTROL XL equiv) | - | 1 |
| glipizide tab (GLUCOTROL equiv) | - | 1 |
| glyburide micronized tab (GLYNASE equiv) | - | 1 |
| glyburide tab (MICRONASE equiv) | - | 1 |
| tolazamide tab (TOLINASE equiv) | - | 1 |
| TOLBUTAMIDE TAB | - | 2 |

ANTIDIARRHEALS

ANTIPERISTALTIC AGENTS

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| ANTIDIARRHEALS Cont. | | |
| diphenoxylate/atropine liquid (LOMOTIL equiv) | - | 1 |
| diphenoxylate/atropine tab (LOMOTIL equiv) | - | 1 |
| opium tincture | - | 1 |

ANTIDOTES

ANTIDOTES - CHELATING AGENTS

| | | |
|---|-------|---|
| CHEMET CAP | - | 2 |
| FERRIPROX SOLN (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 |
| FERRIPROX TAB (Only available through Ferriprox Total Care 866-758-7071) | LD-PA | 2 |
| JADENU TAB | LMSP | 2 |

OPIOID ANTAGONISTS

| | | |
|--|----|---|
| naltrexone tab (REVIA equiv) | - | 1 |
| NARCAN NASAL SPRAY (QL= 2 sprays/fill) | QL | 2 |

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

| | | |
|--------------------------------|------|---|
| deferasirox tab (EXJADE equiv) | MSP | 1 |
| JADENU SPRINKLE | LMSP | 2 |

OPIOID ANTAGONISTS

| | | |
|---|----|---|
| NALOXONE PREFILLED INJ (QL= 2 inj/fill) | QL | 2 |
|---|----|---|

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

| | | |
|--|----|---|
| granisetron tab (KYTRIL equiv) (QL= 9 tabs/fill) | QL | 1 |
| ondansetron ODT (ZOFRAN equiv) | - | 1 |
| ondansetron soln (ZOFRAN equiv) | - | 1 |
| ondansetron tab (ZOFRAN equiv) | - | 1 |

ANTIEMETICS - ANTICHOLINERGIC

| | | |
|--|---|---|
| maldemar tab (SCOPACE equiv) | - | 1 |
| meclizine tab (ANTIVERT equiv) (Rx Only) | - | 1 |
| trimethobenzamide cap (TIGAN equiv) | - | 1 |

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

| | | |
|--|----|---|
| aprepitant cap (EMEND equiv) (QL= 3 caps/fill) | QL | 1 |
| aprepitant pak (EMEND equiv) (QL= 3 caps/fill) | QL | 1 |

ANTIFUNGALS

ANTIFUNGALS

| | | |
|--|---|---|
| flucytosine cap (ANCOBON equiv) | - | 1 |
| griseofulvin micro tab (GRIFULVIN V equiv) | - | 1 |
| griseofulvin susp (GRIFULVIN equiv) | - | 1 |
| griseofulvin tab (GRIS-PEG equiv) | - | 1 |
| nystatin powder | - | 1 |
| nystatin tab | - | 1 |
| terbinafine tab (LAMISIL equiv) | - | 1 |

IMIDAZOLE-RELATED ANTIFUNGALS

| | | |
|-----------------------------------|----|---|
| fluconazole susp (DIFLUCAN equiv) | - | 1 |
| fluconazole tab (DIFLUCAN equiv) | - | 1 |
| itraconazole cap (SPORANOX equiv) | PA | 1 |

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| ketoconazole tab (NIZORAL equiv) | - | 1 |
| ANTIHISTAMINES | | |
| ANTIHISTAMINES - ALKYLAMINES | | |
| chlorpheniramine ER cap | - | 1 |
| ANTIHISTAMINES - ETHANOLAMINES | | |
| carbinoxamine soln (PALGIC equiv) | - | 1 |
| carbinoxamine tab (PALGIC equiv) | - | 1 |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| ANTIHISTAMINES - NON-SEDATING | | |
| cetirizine syrup (ZYRTEC equiv) (QL= 300 ml/30 days) | OTC-QL | 1 |
| cetirizine tab (ZYRTEC equiv) | OTC | 1 |
| fexofenadine OTC (ALLEGRA OTC equiv) | OTC | 1 |
| fexofenadine susp (ALLEGRA equiv) | OTC | 1 |
| loratadine ODT (CLARITIN equiv) | OTC | 1 |
| loratadine syrup (CLARITIN equiv) | OTC | 1 |
| loratadine tab (CLARITIN equiv) | OTC | 1 |
| ANTIHISTAMINES - PHENOTHIAZINES | | |
| promethazine supp (PHENERGAN equiv) | - | 1 |
| promethazine syrup | - | 1 |
| promethazine tab (PHENERGAN equiv) | - | 1 |
| ANTIHISTAMINES - PIPERIDINES | | |
| cyproheptadine syrup | - | 1 |
| cyproheptadine tab | - | 1 |
| ANTIHYPERLIPIDEMICS | | |
| ANTIHYPERLIPIDEMICS - MISC. | | |
| omega-3-acid ethyl esters cap (LOVAZA equiv) | - | 1 |
| BILE ACID SEQUESTRANTS | | |
| cholestyramine lite powder (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine lite powder pack (QUESTRAN LITE equiv) | - | 1 |
| cholestyramine powder (QUESTRAN equiv) | - | 1 |
| cholestyramine powder pack (QUESTRAN equiv) | - | 1 |
| colesevelam pack (WELCHOL equiv) | - | 1 |
| colesevelam tab (WELCHOL equiv) | - | 1 |
| colestipol granule (COLESTID equiv) | - | 1 |
| colestipol powder packet (COLESTID equiv) | - | 1 |
| colestipol tab (COLESTID equiv) | - | 1 |
| FIBRIC ACID DERIVATIVES | | |
| fenofibric acid DR cap (TRILIPIX equiv) | - | 1 |
| gemfibrozil tab (LOPID equiv) | - | 1 |
| HMG COA REDUCTASE INHIBITORS | | |
| atorvastatin tab 10mg (LIPITOR equiv) (QL= 1 tab/day) | QL | 1 |
| atorvastatin tab 20mg (LIPITOR equiv) (QL= 1 tab/day) | QL | 1 |
| atorvastatin tab 40mg (LIPITOR equiv) | - | 1 |
| atorvastatin tab 80mg (LIPITOR equiv) | - | 1 |
| lovastatin tab (MEVACOR equiv) | - | 1 |

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| ANTHYPERLIPIDEMICS Cont. | | |
| pravastatin tab (PRAVACHOL equiv) | - | 1 |
| simvastatin tab (ZOCOR equiv) (80mg is Not Covered) | - | 1 |
| INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS | | |
| ezetimibe tab (ZETIA equiv) | - | 1 |
| NICOTINIC ACID DERIVATIVES | | |
| niacin ER tab (NIASPAN equiv) | - | 1 |
| PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS | | |
| PRALUENT INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA INJ (QL= 2 inj/28 days) | PA-QL | 2 |
| REPATHA PUSHTRONEX INJ (QL= 1 inj/28 days) | PA-QL | 2 |
| ANTHYPERTENSIVES | | |
| ACE INHIBITORS | | |
| benazepril tab (LOTENSIN equiv) | - | 1 |
| captopril tab (CAPOTEN equiv) | - | 1 |
| enalapril tab (VASOTEC equiv) | - | 1 |
| fosinopril tab (MONOPRIL equiv) | - | 1 |
| lisinopril tab (PRINIVIL/ZESTRIL equiv) | - | 1 |
| moexipril tab (UNIVASC equiv) | - | 1 |
| perindopril tab (ACEON equiv) | - | 1 |
| quinapril tab (ACCUPRIL equiv) | - | 1 |
| ramipril cap (ALTACE equiv) | - | 1 |
| trandolapril tab (MAVIK equiv) | - | 1 |
| AGENTS FOR PHEOCHROMOCYTOMA | | |
| phenoxybenzamine cap (DIBENZYLIN equiv) | - | 1 |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| losartan tab (COZAAR equiv) | - | 1 |
| olmesartan tab (BENICAR equiv) | - | 1 |
| telmisartan tab (MICARDIS equiv) | - | 1 |
| valsartan tab (DIOVAN equiv) | - | 1 |
| irbesartan tab (AVAPRO equiv) | - | 2 |
| ANTIADRENERGIC ANTIHYPERTENSIVES | | |
| clonidine patch (CATAPRES-TTS equiv) | - | 1 |
| clonidine tab (CATAPRES equiv) | - | 1 |
| doxazosin tab (CARDURA equiv) | - | 1 |
| guanfacine IR tab (TENEX equiv) | - | 1 |
| methyldopa tab (ALDOMET equiv) | - | 1 |
| prazosin cap (MINIPRESS equiv) | - | 1 |
| terazosin cap (HYTRIN equiv) | - | 1 |
| ANTHYPERTENSIVE COMBINATIONS | | |
| amlodipine/benazepril cap (LOTREL equiv) | - | 1 |
| amlodipine/olmesartan tab (AZOR TAB equiv) | - | 1 |
| amlodipine/valsartan tab (EXFORGE equiv) | - | 1 |
| amlodipine/valsartan/hydrochlorothiazide tab (EXFORGE HCT equiv) | - | 1 |
| atenolol/chlorthalidone tab (TENORETIC equiv) | - | 1 |
| benazepril/hydrochlorothiazide tab (LOTENSIN HCT equiv) | - | 1 |

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| ANTIHYPERTENSIVES Cont. | | |
| bisoprolol/hydrochlorothiazide tab (ZIAC equiv) | - | 1 |
| captopril/hydrochlorothiazide tab (CAPOZIDE equiv) | - | 1 |
| enalapril/hydrochlorothiazide tab (VASERETIC equiv) | - | 1 |
| fosinopril/hydrochlorothiazide tab (MONOPRIL HCT equiv) | - | 1 |
| irbesartan/hydrochlorothiazide tab (AVALIDE equiv) | - | 1 |
| lisinopril/hydrochlorothiazide tab (ZESTORETIC equiv) | - | 1 |
| losartan/hydrochlorothiazide tab (HYZAAR equiv) | - | 1 |
| methyldopa/hydrochlorothiazide tab (ALDORIL equiv) | - | 1 |
| metoprolol/hydrochlorothiazide tab (LOPRESSOR HCT equiv) | - | 1 |
| MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB | - | 1 |
| moexipril/hydrochlorothiazide tab (UNIRETIC equiv) | - | 1 |
| nadolol/bendroflumethiazide tab (CORZIDE equiv) | - | 1 |
| olmesartan/hydrochlorothiazide tab (BENICAR HCT equiv) | - | 1 |
| propranolol/hydrochlorothiazide tab (INDERIDE equiv) | - | 1 |
| quinapril/hydrochlorothiazide tab (ACCURETIC equiv) | - | 1 |
| valsartan/hydrochlorothiazide tab (DIOVAN HCT equiv) | - | 1 |
| SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) | | |
| eplerenone tab (INSPIRA equiv) | - | 1 |
| VASODILATORS | | |
| hydralazine tab (APRESOLINE equiv) | - | 1 |
| minoxidil tab (LONITEN equiv) | - | 1 |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| ANTI-INFECTIVE AGENTS - MISC. | | |
| metronidazole cap (FLAGYL equiv) | - | 1 |
| metronidazole tab (FLAGYL equiv) | - | 1 |
| trimethoprim tab (PROLOPRIM equiv) | - | 1 |
| NEBUPENT NEB SOLN | - | 2 |
| PRIMSOL SOLN | - | 2 |
| tinidazole tab (TINDAMAX equiv) | - | 2 |
| ANTI-INFECTIVE MISC. - COMBINATIONS | | |
| erythromycin/sulfisoxazole susp (PEDIAZOLE equiv) | - | 1 |
| smz/tmp (DS) tab (BACTRIM DS equiv) | - | 1 |
| smz/tmp susp (BACTRIM, SEPTRA equiv) | - | 1 |
| ANTIPROTOZOAL AGENTS | | |
| atovaquone susp (MEPRON equiv) | - | 1 |
| ALINIA SUSP (QL= 60ml/3 days) | PA-QL | 2 |
| ALINIA TAB (QL= 6 tabs/3 days) | PA-QL | 2 |
| GLYCOPEPTIDES | | |
| FIRVANQ SOLN | - | 1 |
| VANCOMYCIN SOLN KIT | - | 1 |
| LEPROSTATICS | | |
| dapsone tab | - | 1 |
| LINCOSAMIDES | | |
| clindamycin cap (CLEOCIN equiv) | - | 1 |
| clindamycin soln (CLEOCIN equiv) | - | 1 |

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| ANTI-INFECTIVE AGENTS - MISC. Cont. | | |
| MONOBACTAMS | | |
| CAYSTON INH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| OXAZOLIDINONES | | |
| linezolid susp (Restricted to Infectious Disease Specialist) | RS | 1 |
| linezolid tab (ZYVOX equiv) (Restricted to Infectious Disease Specialist) | RS | 1 |
| ANTIMALARIALS | | |
| ANTIMALARIALS | | |
| chloroquine tab (ARALEN equiv) | - | 1 |
| hydroxychloroquine tab (PLAQUENIL equiv) | - | 1 |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| ANTIMYASTHENIC/CHOLINERGIC AGENTS | | |
| pyridostigmine CR tab (MESTINON equiv) | - | 1 |
| pyridostigmine tab (MESTINON equiv) | - | 1 |
| PROSTIGMIN TAB | - | 2 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ANTI TB COMBINATIONS | | |
| RIFAMATE CAP | - | 2 |
| ANTIMYCOBACTERIAL AGENTS | | |
| ethambutol tab (MYAMBUTOL equiv) | - | 1 |
| ISONIAZID SYRUP | - | 1 |
| isoniazid tab | - | 1 |
| pyrazinamide tab | - | 1 |
| rifabutin cap (MYCOBUTIN equiv) | - | 1 |
| rifampin cap (RIFADIN equiv) | - | 1 |
| PRIFTIN TAB | - | 2 |
| ANTINEOPLASTICS | | |
| ALKYLATING AGENTS | | |
| cyclophosphamide tab (CYTOXAN equiv) | - | 1 |
| HEXALEN CAP | - | 2 |
| LEUKERAN TAB | - | 2 |
| ANTIMETABOLITES | | |
| mercaptapurine tab (PURINETHOL equiv) | - | 1 |
| methotrexate tab (TREXALL equiv) | - | 1 |
| TABLOID TAB | - | 2 |
| ANTINEOPLASTICS MISC. | | |
| hydroxyurea cap (HYDREA equiv) | - | 1 |
| ACTIMMUNE INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| MATULANE CAP | - | 2 |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| leucovorin tab | - | 1 |
| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES | | |
| ALKYLATING AGENTS | | |
| CISPLATIN INJ | - | 1 |

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| ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES Cont. | | |
| cisplatin inj (PLATINOL AQ equiv) | - | 1 |
| cyclophosphamide cap | - | 1 |
| temozolomide cap (TEMODAR equiv) | LMSP | 1 |
| CEENU CAP | - | 2 |
| GLEOSTINE/LOMUSTINE CAP | - | 2 |
| MYLERAN TAB | LMSP | 2 |
| ANTIMETABOLITES | | |
| capecitabine tab (XELODA equiv) | LMSP | 1 |
| methotrexate inj | - | 1 |
| ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS | | |
| anastrozole tab (ARIMIDEX equiv) | - | 1 |
| bicalutamide tab (CASODEX equiv) | - | 1 |
| exemestane tab (AROMASIN equiv) | - | 1 |
| flutamide cap (EULEXIN equiv) | - | 1 |
| letrozole tab (FEMARA equiv) | - | 1 |
| megestrol susp (MEGACE equiv) | - | 1 |
| megestrol tab (MEGACE equiv) | - | 1 |
| nilutamide tab (NILANDRON equiv) | LMSP | 1 |
| tamoxifen tab (NOLVADEX equiv) | - | 1 |
| toremifene tab (FARESTON equiv) | - | 1 |
| EMCYT CAP | - | 2 |
| LYSODREN TAB (Only available through Direct Success 732-919-1234) | LD | 2 |
| ANTINEOPLASTIC ENZYME INHIBITORS | | |
| imatinib tab (GLEEVEC equiv) | LMSP-PA | 1 |
| SPRYCEL TAB | LMSP-PA | 2 |
| SUTENT CAP | MSP-PA | 2 |
| TASIGNA CAP | LMSP-PA | 2 |
| ZOLINZA CAP | LMSP-PA | 2 |
| ANTINEOPLASTIC ENZYMES | | |
| ERWINAZE INJ | PA | 2 |
| ANTINEOPLASTICS MISC. | | |
| bexarotene cap (TARGRETIN equiv) | LMSP-PA | 1 |
| tretinoin cap (VESANOID equiv) | LMSP | 1 |
| ALFERON-N INJ | LMSP | 2 |
| CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS | | |
| mesna inj (MESNEX equiv) | - | 1 |
| MESNEX TAB | LMSP | 2 |
| MITOTIC INHIBITORS | | |
| etoposide cap (VEPESID equiv) | LMSP | 1 |
| TOPOISOMERASE I INHIBITORS | | |
| HYCAMTIN CAP | LMSP-PA | 2 |
| ANTIPARKINSON AGENTS | | |
| ANTIPARKINSON ADJUVANTS | | |
| carbidopa tab (LODOSYN equiv) | - | 1 |

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| ANTIPARKINSON AGENTS Cont. | | |
| ANTIPARKINSON ANTICHOLINERGICS | | |
| benztropine tab | - | 1 |
| trihexyphenidyl elixir (ARTANE equiv) | - | 1 |
| trihexyphenidyl tab (ARTANE equiv) | - | 1 |
| ANTIPARKINSON COMT INHIBITORS | | |
| entacapone tab (COMTAN equiv) | - | 2 |
| ANTIPARKINSON DOPAMINERGICS | | |
| amantadine syrup (SYMMETREL equiv) | - | 1 |
| bromocriptine cap (PARLODEL equiv) | - | 1 |
| bromocriptine tab (PARLODEL equiv) | - | 1 |
| carbidopa/levodopa ER tab (SINEMET CR equiv) | - | 1 |
| carbidopa/levodopa ODT (PARCOPA equiv) | - | 1 |
| carbidopa/levodopa tab (SINEMET equiv) | - | 1 |
| pramipexole ER tab (MIRAPEX ER equiv) | - | 1 |
| pramipexole tab (MIRAPEX equiv) | - | 1 |
| ropinirole ER tab (REQUIP XL equiv) | - | 1 |
| ropinirole tab (REQUIP equiv) | - | 1 |
| CARBIDOPA/LEVODOPA/ENTACAPONE TAB (STALEVO equiv) | - | 2 |
| ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS | | |
| selegiline cap (ELDEPRYL equiv) | - | 1 |
| selegiline tab (ELDEPRYL equiv) | - | 1 |
| ANTIPSYCHOTICS/ANTIMANIC AGENTS | | |
| ANTIMANIC AGENTS | | |
| lithium carbonate cap (ESKALITH ER equiv) | - | 1 |
| lithium carbonate ER tab (LITHOBID equiv) | - | 1 |
| lithium carbonate tab | - | 1 |
| lithium citrate soln | - | 1 |
| ANTIPSYCHOTICS - MISC. | | |
| ziprasidone cap (GEODON equiv) (QL= 2 caps/day) | QL | 1 |
| EQUETRO CAP | - | 2 |
| LATUDA TAB (QL= 1 tab/day; Step Therapy requires trial of quetiapine) | QL-ST | 2 |
| BENZISOXAZOLES | | |
| risperidone ODT (RISPERDAL M equiv) | - | 1 |
| risperidone soln (RISPERDAL equiv) | - | 1 |
| risperidone tab (RISPERDAL equiv) | - | 1 |
| FANAPT TAB | PA | 2 |
| FANAPT TITRATION PACK | PA | 2 |
| INVEGA INJ | PA | 2 |
| paliperidone ER tab (INVEGA equiv) (Step Therapy requires trial of risperidone, GEODON, olanzapine or SEROQUEL) | ST | 2 |
| RISPERDAL INJ | PA | 2 |
| RISPERIDONE ODT | - | 2 |
| BUTYROPHENONES | | |
| haloperidol lactate conc (HALDOL equiv) | - | 1 |
| haloperidol tab (HALDOL equiv) | - | 1 |
| DIBENZAPINES | | |

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| ANTIPSYCHOTICS/ANTIMANIC AGENTS Cont. | | |
| clozapine ODT 12.5mg, 25mg, 100mg (CLOZAPINE, FAZACLO equiv) | - | 1 |
| clozapine tab (CLOZARIL equiv) | - | 1 |
| loxapine cap (LOXITANE equiv) | - | 1 |
| quetiapine tab (SEROQUEL equiv) (QL= 3 tabs/day) | QL | 1 |
| quetiapine XR tab (SEROQUEL XR equiv) (QL= 2 tabs/day) | QL | 1 |
| CLOZAPINE ODT, FAZACLO ODT | - | 2 |
| olanzapine ODT (ZYPREXA equiv) (QL= 1 tab/day) | QL | 2 |
| olanzapine tab (ZYPREXA equiv) (QL= 1 tab/day) | QL | 2 |
| olanzapine tab 10mg (ZYPREXA equiv) (QL= 2 tabs/day) | QL | 2 |
| SAPHRIS SL TAB | PA | 2 |
| PHENOTHIAZINES | | |
| chlorpromazine tab (THORAZINE equiv) | - | 1 |
| fluphenazine tab (PROLIXIN equiv) | - | 1 |
| perphenazine tab (TRILAFON equiv) | - | 1 |
| prochlorperazine supp (COMPAZINE equiv) | - | 1 |
| prochlorperazine tab (COMPAZINE equiv) | - | 1 |
| thioridazine tab (MELLARIL equiv) | - | 1 |
| trifluoperazine tab (STELAZINE equiv) | - | 1 |
| QUINOLINONE DERIVATIVES | | |
| aripiprazole ODT (ABILIFY equiv) (QL= 1 tab/day) | QL | 1 |
| aripiprazole soln (ABILIFY equiv) | - | 1 |
| aripiprazole tab (ABILIFY equiv) (QL= 1 tab/day) | QL | 1 |
| ABILIFY DISCMELT (QL= 1 tab/day) | QL | 2 |
| ABILIFY SOLN | - | 2 |
| THIOXANTHENES | | |
| thiothixene cap (NAVANE equiv) | - | 1 |
| ANTIVIRALS | | |
| ANTIRETROVIRALS | | |
| abacavir soln (ZIAGEN equiv) | - | 1 |
| abacavir tab (ZIAGEN equiv) | - | 1 |
| abacavir/lamivudine tab (EPZICOM equiv) | - | 1 |
| abacavir/lamivudine/zidovudine tab (TRIZIVIR equiv) | - | 1 |
| atazanavir cap (REYATAZ equiv) | - | 1 |
| didanosine DR cap (VIDEX EC equiv) | - | 1 |
| efavirenz cap (SUSTIVA equiv) | - | 1 |
| efavirenz tab (SUSTIVA equiv) | - | 1 |
| fosamprenavir tab (LEXIVA equiv) | - | 1 |
| lamivudine soln (EPIVIR equiv) | - | 1 |
| lamivudine/zidovudine tab (COMBIVIR equiv) | - | 1 |
| lopinavir/ritonavir soln (KALETRA equiv) | - | 1 |
| nevirapine ER tab (VIRAMUNE XR equiv) (Step Therapy requires trial of nevirapine) | ST | 1 |
| nevirapine susp (VIRAMUNE equiv) | - | 1 |
| nevirapine tab (VIRAMUNE equiv) | - | 1 |
| ritonavir tab (NORVIR equiv) | - | 1 |
| stavudine cap (ZERIT equiv) | - | 1 |
| stavudine soln (ZERIT equiv) | - | 1 |
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| ANTIVIRALS Cont. | | |
| tenofovir disoproxil fumarate tab (VIREAD equiv) | - | 1 |
| zidovudine cap (RETROVIR equiv) | - | 1 |
| zidovudine syrup (RETROVIR equiv) | - | 1 |
| zidovudine tab (RETROVIR equiv) | - | 1 |
| APTIVUS CAP | - | 2 |
| APTIVUS SOLN | - | 2 |
| ATRIPLA TAB | - | 2 |
| CIMDUO TAB | - | 2 |
| COMPLERA TAB | - | 2 |
| CRIXIVAN CAP | - | 2 |
| DESCOVY TAB | PA | 2 |
| EDURANT TAB | - | 2 |
| EMTRIVA CAP | - | 2 |
| EMTRIVA SOLN | - | 2 |
| EVOTAZ TAB | - | 2 |
| FUZEON INJ | LMSP | 2 |
| GENVOYA TAB | PA | 2 |
| INTELENCE TAB | - | 2 |
| INVIRASE CAP | - | 2 |
| INVIRASE TAB | - | 2 |
| ISENTRESS (HD) TAB | - | 2 |
| ISENTRESS CHEW TAB | - | 2 |
| ISENTRESS POWDER PACK | - | 2 |
| KALETRA TAB | - | 2 |
| lamivudine tab (EPIVIR equiv) | - | 2 |
| LEXIVA SUSP | - | 2 |
| NEVIRAPINE SUSP (VIRAMUNE equiv) | - | 2 |
| NORVIR CAP | - | 2 |
| NORVIR POWDER PACK | - | 2 |
| NORVIR SOLN | - | 2 |
| PREZCOBIX TAB | - | 2 |
| PREZISTA SUSP | - | 2 |
| PREZISTA TAB | - | 2 |
| RESCRIPTOR TAB | - | 2 |
| REYATAZ POWDER PACK | - | 2 |
| SELZENTRY SOLN | - | 2 |
| SELZENTRY TAB | - | 2 |
| STRIBILD TAB (QL= 1 tab/day) | QL | 2 |
| SYMFI (LO) TAB | - | 2 |
| TRIUMEQ TAB (QL= 1 tab/day) | QL | 2 |
| TRUVADA TAB (QL= 1 tab/day) | PA-QL | 2 |
| VIDEX EC CAP 125MG | - | 2 |
| VIDEX SOLN | - | 2 |
| VIRACEPT POWDER | - | 2 |
| VIRACEPT TAB | - | 2 |
| VIREAD TAB | - | 2 |
| VITEKTA TAB | - | 2 |

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ANTIVIRALS Cont.

CMV AGENTS

| | | |
|-------------------------------------|---|---|
| valganciclovir soln (VALCYTE equiv) | - | 1 |
| valganciclovir tab (VALCYTE equiv) | - | 1 |
| GANCICLOVIR CAP | - | 2 |

HEPATITIS AGENTS

| | | |
|--|------------|---|
| ribavirin cap (REBETOL equiv) | LMSP | 1 |
| ribavirin tab (COPEGUS equiv) | LMSP | 1 |
| EPIVIR HBV SOLN | - | 2 |
| HARVONI TAB (QL= 1 tab/ day) | LMSP-PA-QL | 2 |
| lamivudine tab 100mg (EPIVIR HBV equiv) | - | 2 |
| LEDIPASVIR/SOFOSBUVIR TAB (QL= 1 tab/ day) | LMSP-PA-QL | 2 |
| MODERIBA DOSE PACK | LMSP | 2 |
| MODERIBA PAK | LMSP | 2 |
| PEGASYS INJ | LMSP | 2 |
| PEGASYS INJ KIT | LMSP | 2 |
| PEG-INTRON INJ | LMSP | 2 |
| REBETOL SOLN | LMSP | 2 |
| SOVALDI TAB (QL= 1 tab/day) | LMSP-PA-QL | 2 |

HERPES AGENTS

| | | |
|----------------------------------|---|---|
| acyclovir cap (ZOVIRAX equiv) | - | 1 |
| acyclovir susp (ZOVIRAX equiv) | - | 1 |
| acyclovir tab (ZOVIRAX equiv) | - | 1 |
| famciclovir tab (FAMVIR equiv) | - | 1 |
| valacyclovir tab (VALTREX equiv) | - | 1 |

INFLUENZA AGENTS

| | | |
|---|----|---|
| oseltamivir cap (TAMIFLU equiv) (QL= 10 caps/fill) | QL | 1 |
| oseltamivir cap 30mg (TAMIFLU equiv) (QL= 20 caps/fill) | QL | 1 |
| oseltamivir susp (TAMIFLU equiv) (QL= 250ml/fill) | QL | 1 |
| rimantadine tab (FLUMADINE equiv) | - | 1 |
| RELENZA DISKHALER (QL= 1 inhaler/fill) | QL | 2 |

ASSORTED CLASSES

CHELATING AGENTS

| | | |
|--------------------------------|---|---|
| DEPEN TITRATAB, D-PENAMINE TAB | - | 2 |
|--------------------------------|---|---|

IMMUNOMODULATORS

| | | |
|------------------------------|-----------|---|
| REVLIMID CAP (QL= 1 cap/day) | MSP-PA-QL | 2 |
| THALOMID CAP | MSP-PA | 2 |

IMMUNOSUPPRESSIVE AGENTS

| | | |
|--|---|---|
| azathioprine tab (IMURAN equiv) | - | 1 |
| cyclosporine cap (SANDIMMUNE equiv) | - | 1 |
| cyclosporine modified cap (NEORAL equiv) | - | 1 |
| cyclosporine modified soln (NEORAL equiv) | - | 1 |
| mycophenolate DR tab (MYFORTIC equiv) | - | 1 |
| mycophenolate mofetil cap (CELLCEPT equiv) | - | 1 |
| mycophenolate mofetil susp (CELLCEPT SUSP equiv) | - | 1 |
| mycophenolate mofetil tab (CELLCEPT equiv) | - | 1 |

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| | | | | | |
|------------------------|---|------------------------|--|--------------------|---|
| INF MSP QL ST | NC =Not Covered Infertility Mandatory Specialty Pharmacy Program Quantity Limit Step Therapy | LD OTC RS VAC | generic =small letters Limited Distribution Over-the-Counter Restricted to Specialist Vaccine Program | LMSP PA SMKG | BRANDS =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program Prior Authorization Smoking Cessation |
|------------------------|---|------------------------|--|--------------------|---|

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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| ASSORTED CLASSES Cont. | | |
| sirolimus tab (RAPAMUNE equiv) | - | 1 |
| tacrolimus cap (PROGRAF equiv) | - | 1 |
| CELLCEPT CAP | - | 2 |
| CELLCEPT TAB | - | 2 |
| NEORAL SOLN | - | 2 |
| PROGRAF CAP | - | 2 |
| SANDIMMUNE CAP | - | 2 |
| SANDIMMUNE SOLN 100MG/ML | - | 2 |
| ZORTRESS TAB | PA | 2 |
| POTASSIUM REMOVING RESINS | | |
| sodium polystyrene powder (KAYEXALATE equiv) | - | 1 |
| sodium polystyrene susp (SPS equiv) | - | 1 |
| BETA BLOCKERS | | |
| ALPHA-BETA BLOCKERS | | |
| carvedilol tab (COREG equiv) | - | 1 |
| labetalol tab (NORMODYNE equiv) | - | 1 |
| BETA BLOCKERS CARDIO-SELECTIVE | | |
| acebutolol cap (SECTRAL equiv) | - | 1 |
| atenolol tab (TENORMIN equiv) | - | 1 |
| betaxolol tab (KERLONE equiv) | - | 1 |
| bisoprolol tab (ZEBETA equiv) | - | 1 |
| metoprolol ER tab (TOPROL XL equiv) | - | 1 |
| metoprolol tab (LOPRESSOR equiv) | - | 1 |
| BETA BLOCKERS NON-SELECTIVE | | |
| nadolol tab (CORGARD equiv) | - | 1 |
| pindolol tab (VISKEN equiv) | - | 1 |
| propranolol ER cap (INDERAL LA equiv) | - | 1 |
| PROPRANOLOL SOLN | - | 1 |
| propranolol tab (INDERAL equiv) | - | 1 |
| sotalol AF tab (BETAPACE AF equiv) | - | 1 |
| sotalol tab (BETAPACE equiv) | - | 1 |
| timolol maleate tab (BLOCADREN equiv) | - | 1 |
| CALCIUM CHANNEL BLOCKERS | | |
| CALCIUM CHANNEL BLOCKERS | | |
| amlodipine tab (NORVASC equiv) | - | 1 |
| DILTIAZEM CAP | - | 1 |
| diltiazem ER cap (CARDIZEM CD equiv) | - | 1 |
| diltiazem ER cap (CARDIZEM SR equiv) | - | 1 |
| diltiazem ER cap (DILACOR XR equiv) | - | 1 |
| diltiazem ER cap (TIAZAC equiv) | - | 1 |
| diltiazem ER tab (CARDIZEM LA equiv) | - | 1 |
| diltiazem tab (CARDIZEM equiv) | - | 1 |
| felodipine ER tab (PLENDIL equiv) | - | 1 |
| isradipine cap (DYNACIRC equiv) | - | 1 |
| nicardipine cap (CARDENE equiv) | - | 1 |

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| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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|---|--------------|------|
| CALCIUM CHANNEL BLOCKERS Cont. | | |
| nifedipine cap (PROCARDIA equiv) | - | 1 |
| nifedipine ER tab (ADALAT CC equiv) | - | 1 |
| nimodipine cap (NIMOTOP equiv) | - | 1 |
| VERAPAMIL CAP 100MG | - | 1 |
| VERAPAMIL ER CAP 300MG | - | 1 |
| verapamil SR cap (VERELAN equiv) | - | 1 |
| VERAPAMIL SR CAP 360mg | - | 1 |
| verapamil SR tab (CALAN SR, ISOPTIN SR equiv) | - | 1 |
| verapamil tab (CALAN equiv) | - | 1 |

CARDIOTONICS

CARDIAC GLYCOSIDES

| | | |
|------------------------------|---|---|
| digoxin soln (LANOXIN equiv) | - | 1 |
| digoxin tab (LANOXIN equiv) | - | 1 |

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

| | | |
|--|---|---|
| amlodipine/atorvastatin tab (CADUET equiv) | - | 1 |
|--|---|---|

PERIPHERAL VASODILATORS

| | | |
|-----------------|---|---|
| isoxsuprine tab | - | 1 |
|-----------------|---|---|

PROSTAGLANDIN VASODILATORS

| | | |
|---|-------|---|
| TYVASO INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | 2 |
| VENTAVIS INH SOLN (Only available through Accredo 888-773-7376) | LD-PA | 2 |

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

| | | |
|--|----------|---|
| ambrisentan tab (LETAIRIS equiv) (Only available through Walgreens 888-347-3416) | LD-PA | 1 |
| OPSUMIT TAB (QL= 1 tab/day; Only available through Walgreens 888-347-3416) | LD-PA-QL | 2 |
| TRACLEER TAB 32MG (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| TRACLEER TAB 62.5MG, 125MG (Only available through Walgreens 888-347-3416) | LD-PA | 2 |

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

| | | |
|-------------------------------------|---------|---|
| sildenafil tab 20mg (REVATIO equiv) | PA | 1 |
| tadalafil tab (PAH) (ADCIRCA equiv) | LMSP-PA | 1 |

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

| | | |
|---------------------------------|---|---|
| cefadroxil cap (DURICEF equiv) | - | 1 |
| cefadroxil susp (DURICEF equiv) | - | 1 |
| cefadroxil tab (DURICEF equiv) | - | 1 |
| cephalexin cap (KEFLEX equiv) | - | 1 |
| cephalexin susp (KEFLEX equiv) | - | 1 |

CEPHALOSPORINS - 2ND GENERATION

| | | |
|--------------------------------|---|---|
| cefaclor cap (CECLOR equiv) | - | 1 |
| cefprozil susp (CEFZIL equiv) | - | 1 |
| cefprozil tab (CEFZIL equiv) | - | 1 |
| cefuroxime susp (CEFTIN equiv) | - | 1 |
| cefuroxime tab (CEFTIN equiv) | - | 1 |
| CEFTIN SUSP | - | 2 |

CEPHALOSPORINS - 3RD GENERATION

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| | | | | | |
|-----|--------------------------------------|-----|--------------------------|------|---|
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| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| ST | Quantity Limit | VAC | Restricted to Specialist | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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|----------|--------------|------|
|----------|--------------|------|

CEPHALOSPORINS Cont.

| | | |
|---|---|---|
| cefdinir cap (OMNICEF equiv) | - | 1 |
| cefdinir susp (OMNICEF equiv) | - | 1 |
| cefixime susp (SUPRAX equiv) | - | 1 |
| cefepodoxime proxetil susp (VANTIN equiv) | - | 1 |
| cefepodoxime proxetil tab (VANTIN equiv) | - | 1 |

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

| | | |
|--|---|---|
| amethyst tab (LYBREL equiv) | - | 1 |
| apri tab (DESOGEN equiv) | - | 1 |
| aranelle tab (TRI-NORINYL equiv) | - | 1 |
| aviane tab (ALESSE equiv) | - | 1 |
| cesia tab (CYCLESSA equiv) | - | 1 |
| cryselle tab | - | 1 |
| enpresse tab (TRI-LEVELLEN equiv) | - | 1 |
| gianvi tab, ocella tab (YASMIN, YAZ equiv) | - | 1 |
| junel FE tab (LOESTRIN FE equiv) | - | 1 |
| junel tab (LOESTRIN equiv) | - | 1 |
| kariva tab (MIRCETTE equiv) | - | 1 |
| kelnor tab (DEMULEN equiv) | - | 1 |
| mibelas chew tab (MINASTRIN equiv) | - | 1 |
| mononessa tab (ORTHO-CYCLEN equiv) | - | 1 |
| necon tab (ORTHO-NOVUM equiv) | - | 1 |
| necon tab 1-50 (NORYNIL equiv) | - | 1 |
| nortrel tab (OVCON 35 equiv) | - | 1 |
| tri-legest tab (ESTROSTEP FE equiv) | - | 1 |
| tri-nessa (LO) tab (ORTHO TRI-CYCLEN (LO) equiv) | - | 1 |

COMBINATION CONTRACEPTIVES - TRANSDERMAL

| | | |
|--------------|---|---|
| XULANE PATCH | - | 1 |
|--------------|---|---|

COMBINATION CONTRACEPTIVES - VAGINAL

| | | |
|----------|---|---|
| NUVARING | - | 2 |
|----------|---|---|

COPPER CONTRACEPTIVES - IUD (NEW)

| | | |
|--------------|---|-----|
| PARAGARD IUD | - | \$0 |
|--------------|---|-----|

EMERGENCY CONTRACEPTIVES

| | | |
|-----------------------------------|-----|---|
| levonorgestrel tab (PLAN B equiv) | OTC | 1 |
| ELLA TAB (QL= 1 tab/28 days) | QL | 2 |
| LEVONORGESTREL TAB 0.75MG | - | 2 |

PROGESTIN CONTRACEPTIVES - IMPLANTS

| | | |
|-------------------------------------|---|-----|
| IMPLANON IMPLANT, NEXPLANON IMPLANT | - | \$0 |
|-------------------------------------|---|-----|

PROGESTIN CONTRACEPTIVES - INJECTABLE

| | | |
|--|----|---|
| medroxyprogesterone inj (DEPO-PROVERA equiv) (QL= 1 inj/90 days) | QL | 1 |
|--|----|---|

PROGESTIN CONTRACEPTIVES - IUD

| | | |
|------------|---|-----|
| MIRENA IUD | - | \$0 |
|------------|---|-----|

PROGESTIN CONTRACEPTIVES - ORAL

| | | |
|-----------------------------------|---|---|
| norethindrone tab (NORA-QD equiv) | - | 1 |
|-----------------------------------|---|---|

CORTICOSTEROIDS

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| | | | | | |
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| DrugName | Special Code | Tier |
|---|--------------|------|
| CORTICOSTEROIDS Cont. | | |
| GLUCOCORTICOSTEROIDS | | |
| budesonide SR cap (ENTOCORT EC equiv) (Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine) | ST | 1 |
| DEXAMETHASONE CONC | - | 1 |
| dexamethasone elixir | - | 1 |
| dexamethasone soln | - | 1 |
| dexamethasone tab (DECADRON equiv) | - | 1 |
| hydrocortisone tab (CORTEF equiv) | - | 1 |
| methylprednisolone dose pack (MEDROL equiv) | - | 1 |
| methylprednisolone tab (MEDROL equiv) | - | 1 |
| prednisolone ODT (ORAPRED equiv) | - | 1 |
| prednisolone soln (PEDIAPRED equiv) | - | 1 |
| PREDNISOLONE SYRUP | - | 1 |
| prednisolone syrup (PRELONE equiv) | - | 1 |
| PREDNISON SOLN | - | 1 |
| PREDNISON TAB | - | 1 |
| prednison tab (DELTASONE equiv) | - | 1 |
| CORTISONE ACETATE TAB | - | 2 |
| PREDNISON PAK | - | 2 |
| MINERALOCORTICIDS | | |
| fludrocortisone tab (FLORINEF equiv) | - | 1 |
| COUGH/COLD/ALLERGY | | |
| ANTITUSSIVES | | |
| benzonatate cap (TESSALON equiv) | - | 1 |
| hydrocodone/homatropine syrup (HYCODAN equiv) | - | 1 |
| tussion tab (HYCODAN equiv) | - | 1 |
| COUGH/COLD/ALLERGY COMBINATIONS | | |
| cetirizine/pseudoephedrine 12-hour tab (ZYRTEC equiv) | OTC | 1 |
| fexofenadine/pseudoephedrine 12-hour tab (ALLEGRA-D 12 hour equiv) | OTC | 1 |
| fexofenadine/pseudoephedrine 24-hour tab (ALLEGRA-D equiv) | OTC | 1 |
| GUAIFENESIN/CODEINE SYRUP (QL= 240ml/fill) | OTC-QL | 1 |
| guaifenesin/codeine syrup (TUSSI-ORGANIDIN-S equiv) (QL= 240ml/fill) | OTC-QL | 1 |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid (ZUTRIPRO equiv) (QL= 120ml/fill, 2 fills/month) | QL | 1 |
| loratadine/pseudoephedrine 12-hour tab (CLARITIN-D equiv) | OTC | 1 |
| loratadine/pseudoephedrine 24-hour tab (CLARITIN-D equiv) | OTC | 1 |
| promethazine DM syrup | - | 1 |
| PROMETHAZINE VC SYRUP | - | 1 |
| promethazine VC syrup (PHENERGAN VC equiv) | - | 1 |
| PROMETHAZINE VC/CODEINE SYRUP | - | 1 |
| promethazine VC/codeine syrup (PHENERGAN VC/CODEINE equiv) | - | 1 |
| promethazine/codeine syrup (PHENERGAN/CODEINE equiv) | - | 1 |
| EXPECTORANTS | | |
| SSKI SOLN | - | 2 |
| MISC. RESPIRATORY INHALANTS | | |
| sodium chloride neb soln (HYPER-SAL equiv) | OTC | 1 |
| NEBUSAL NEB SOLN | - | 2 |

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|---|---|---|
| COUGH/COLD/ALLERGY Cont. | | |
| MUCOLYTICS | | |
| acetylcysteine soln (MUCOMYST equiv) | - | 1 |
| DERMATOLOGICALS | | |
| ACNE PRODUCTS | | |
| adapalene cream (DIFFERIN equiv) | - | 1 |
| adapalene gel (DIFFERIN equiv) | - | 1 |
| clindamycin gel (CLEOCIN GEL equiv) | - | 1 |
| clindamycin lotion (CLEOCIN- T equiv) | - | 1 |
| clindamycin pad (CLEOCIN-T equiv) | - | 1 |
| clindamycin topical soln (CLEOCIN-T equiv) | - | 1 |
| clindamycin/benzoyl peroxide gel (BENZACLIN equiv) | - | 1 |
| clindamycin/benzoyl peroxide gel (DUAC GEL equiv) | - | 1 |
| erythromycin gel | - | 1 |
| erythromycin pad | - | 1 |
| erythromycin soln | - | 1 |
| isotretinoin cap (ACCUTANE equiv) | - | 1 |
| sodium sulfacetamide lotion (KLARON equiv) | - | 1 |
| sodium sulfacetamide/sulfur cream (PLEXION SCT equiv) | - | 1 |
| sodium sulfacetamide/sulfur emulsion (ROSAC WASH equiv) | - | 1 |
| sodium sulfacetamide/sulfur emulsion (ROSULA equiv) | - | 1 |
| sodium sulfacetamide/sulfur foam (CLARIFOAM EF equiv) | - | 1 |
| sodium sulfacetamide/sulfur gel (ROSULA equiv) | - | 1 |
| sodium sulfacetamide/sulfur lotion (SULFACET R equiv) | - | 1 |
| sodium sulfacetamide/sulfur pad (PLEXION CLEANSING CLOTH equiv) | - | 1 |
| sodium sulfacetamide/sulfur wash (SUMAXIN WASH equiv) | - | 1 |
| tretinoin cream | - | 1 |
| tretinoin gel (RETIN-A GEL equiv) | - | 1 |
| ADAPALENE LOTION (DIFFERIN equiv) (Acne Only – members age 35 or older require Prior Authorization) | PA | 2 |
| ALTRENO LOTION | - | 2 |
| AVAR GEL | - | 2 |
| PRASCION RA CREAM | - | 2 |
| SODIUM SULFACETAMIDE/SULFUR LOTION | - | 2 |
| ANTIBIOTICS - TOPICAL | | |
| gentamicin sulfate cream | - | 1 |
| gentamicin sulfate oint | - | 1 |
| mupirocin oint (BACTROBAN OINT equiv) | - | 1 |
| ANTIFUNGALS - TOPICAL | | |
| ciclopirox cream (LOPROX CREAM equiv) | - | 1 |
| ciclopirox gel (LOPROX GEL equiv) | - | 1 |
| ciclopirox shampoo (LOPROX SHAMPOO equiv) | - | 1 |
| ciclopirox topical susp (LOPROX SUSP equiv) | - | 1 |
| clotrimazole/betamethasone cream (LORTRISONE CREAM equiv) | - | 1 |
| clotrimazole/betamethasone lotion (LORTRISONE LOTION equiv) | - | 1 |
| econazole cream (SPECTAZOLE equiv) | - | 1 |
| iodoquinol/hydrocortisone cream 1% (VYTONE equiv) | - | 1 |
| ketoconazole cream (NIZORAL CREAM equiv) | - | 1 |
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|---|--------------|------|
| DERMATOLOGICALS Cont. | | |
| ketoconazole shampoo (NIZORAL SHAMPOO equiv) | - | 1 |
| naftifine cream (NAFTIN equiv) | - | 1 |
| nystatin cream (MYCOSTATIN CREAM equiv) | - | 1 |
| nystatin oint | - | 1 |
| nystatin topical powder | - | 1 |
| oxiconazole nitrate cream (OXISTAT equiv) | - | 1 |
| ANTI-INFLAMMATORY AGENTS - TOPICAL | | |
| diclofenac gel 1% (VOLTAREN equiv) (QL= 5 tubes/fill) | QL | 1 |
| ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL | | |
| diclofenac gel (SOLARAZE equiv) (QL= 300gm/30 days) | PA-QL | 1 |
| fluorouracil cream (EFUDEX CREAM equiv) | - | 1 |
| FLUOROPLEX CREAM | - | 2 |
| FLUOROURACIL CREAM 0.5% | - | 2 |
| TARGRETIN GEL | LMSP | 2 |
| ANTIPSORIATICS | | |
| acitretin cap (SORIATANE equiv) | - | 1 |
| calcipotriene cream (DOVONEX CREAM equiv) | - | 1 |
| calcipotriene oint | - | 1 |
| calcipotriene soln (DOVONEX SOLN equiv) | - | 1 |
| methoxsalen cap (OXSORALEN ULTRA equiv) | - | 1 |
| 8-MOP CAP | - | 2 |
| COSENTYX INJ (1-PACK) (QL= 1 inj/28 days) | LMSP-PA-QL | 2 |
| COSENTYX INJ (2-PACK) (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| SORIATANE CK KIT | - | 2 |
| tazarotene cream 0.1% (TAZORAC equiv) | - | 2 |
| TAZORAC CREAM 0.05% | - | 2 |
| ANTISEBORRHEIC PRODUCTS | | |
| seb-prev cream (OVACE CREAM equiv) | - | 1 |
| selenium sulfide lotion | - | 1 |
| selenium sulfide shampoo (SELSEB equiv) | - | 1 |
| sodium sulfacetamide gel (OVACE PLUS equiv) | - | 1 |
| sodium sulfacetamide shampoo (OVACE equiv) | - | 1 |
| sodium sulfacetamide wash (OVACE WASH equiv) | - | 1 |
| sodium sulfacetamide/urea pad (ROSULA equiv) | - | 1 |
| ANTIVIRALS - TOPICAL | | |
| acyclovir oint (ZOVIRAX OINT equiv) | - | 1 |
| DENAVIR CREAM | - | 2 |
| BURN PRODUCTS | | |
| silver sulfadiazine cream (SILVADENE CREAM equiv) | - | 1 |
| mafenide acetate soln packet (SULFAMYLON equiv) | - | 2 |
| SULFAMYLON CREAM | - | 2 |
| CORTICOSTEROIDS - TOPICAL | | |
| alclometasone cream (ACLOVATE equiv) | - | 1 |
| alclometasone oint (ACLOVATE OINT equiv) | - | 1 |
| betamethasone augmented cream (DIPROLENE AF CREAM equiv) | - | 1 |

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**Colorado Access Child Health Plan Plus State Managed Care Network
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| DrugName | Special Code | Tier |
|--|---------------------|-------------|
| DERMATOLOGICALS Cont. | | |
| BETAMETHASONE AUGMENTED GEL | - | 1 |
| betamethasone augmented lotion (DIPROLENE LOTION equiv) | - | 1 |
| betamethasone augmented oint (DIPROLENE OINT equiv) | - | 1 |
| betamethasone dipropionate cream (DIPROSONE CREAM equiv) | - | 1 |
| betamethasone dipropionate lotion | - | 1 |
| betamethasone dipropionate oint (DIPROSONE OINT equiv) | - | 1 |
| betamethasone valerate cream | - | 1 |
| betamethasone valerate lotion | - | 1 |
| betamethasone valerate oint | - | 1 |
| clobetasol foam (OLUX equiv) | PA | 1 |
| clobetasol propionate cream (TEMOVATE equiv) | - | 1 |
| clobetasol propionate emollient cream (TEMOVATE E equiv) | - | 1 |
| clobetasol propionate gel (TEMOVATE GEL equiv) | - | 1 |
| clobetasol propionate oint (TEMOVATE equiv) | - | 1 |
| clobetasol propionate soln (TEMOVATE equiv) | - | 1 |
| clobetasol spray (CLOBEX equiv) | PA | 1 |
| desoximetasone gel (TOPICORT equiv) | - | 1 |
| desoximetasone oint (TOPICORT equiv) | - | 1 |
| fluocinolone acetonide cream | - | 1 |
| fluocinolone acetonide oil (DERMA SMOOTH/FS equiv) | - | 1 |
| fluocinolone acetonide oint | - | 1 |
| fluocinolone acetonide soln | - | 1 |
| fluocinonide cream 0.05% (LIDEX equiv) | - | 1 |
| fluocinonide emollient cream | - | 1 |
| fluocinonide gel | - | 1 |
| fluocinonide oint | - | 1 |
| fluocinonide soln | - | 1 |
| flurandrenolide cream (CORDRAN equiv) | - | 1 |
| fluticasone propionate cream (CUTIVATE equiv) | - | 1 |
| fluticasone propionate oint (CUTIVATE equiv) | - | 1 |
| halobetasol propionate cream (ULTRAVATE equiv) | - | 1 |
| halobetasol propionate oint (ULTRAVATE equiv) | - | 1 |
| hydrocortisone cream (PROCTOCORT equiv) | - | 1 |
| hydrocortisone lotion (HYTONE equiv) | - | 1 |
| hydrocortisone oint | - | 1 |
| hydrocortisone pramoxine cream (PRAMOSONE equiv) | - | 1 |
| mometasone cream (ELOCON equiv) | - | 1 |
| mometasone oint (ELOCON equiv) | - | 1 |
| mometasone soln (ELOCON equiv) | - | 1 |
| triamcinolone cream | - | 1 |
| triamcinolone lotion | - | 1 |
| triamcinolone oint | - | 1 |
| triamcinolone spray (KENALOG equiv) | - | 1 |
| desonide cream (DESOWEN equiv) | - | 2 |
| desonide oint (DESOWEN equiv) | - | 2 |
| desoximetasone cream (DESOXIMETASONE equiv) | - | 2 |
| EPIFOAM AEROSOL | - | 2 |

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| DERMATOLOGICALS Cont. | | |
| PRAMOSONE E CREAM | - | 2 |
| PRAMOSONE OINT | - | 2 |
| PREDNICARBATE CREAM | - | 2 |
| prednicarbate cream (DERMATOP equiv) | - | 2 |
| PREDNICARBATE OIN | - | 2 |
| U-CORT CREAM | - | 2 |
| EMOLLIENTS | | |
| ammonium lactate cream (LAC-HYDRIN equiv) | - | 1 |
| ammonium lactate lotion (LAC-HYDRIN equiv) | - | 1 |
| IMMUNOMODULATING AGENTS - TOPICAL | | |
| imiquimod cream (ALDARA equiv) | - | 1 |
| IMMUNOSUPPRESSIVE AGENTS - TOPICAL | | |
| pimecrolimus cream (ELIDEL equiv) (Covered for members 2 years or older) | PA | 1 |
| tacrolimus oint (PROTOPIC OINT equiv) | - | 1 |
| KERATOLYTIC/ANTIMITOTIC AGENTS | | |
| podofilox soln (CONDYLOX equiv) | - | 1 |
| salicylic acid shampoo (SALEX equiv) | - | 1 |
| PODOCON SOLN | - | 2 |
| LOCAL ANESTHETICS - TOPICAL | | |
| lidocaine cream 3% (LIDAMANTLE equiv) | - | 1 |
| lidocaine gel (XYLOCAINE equiv) | - | 1 |
| lidocaine oint (QL= 107gm/30 days) | QL | 1 |
| lidocaine soln (XYLOCAINE equiv) | - | 1 |
| lidocaine/prilocaine cream (EMLA equiv) | - | 1 |
| MISC. TOPICAL | | |
| aluminum chloride soln (DRYSOL equiv) | - | 1 |
| DRYSOL SOLN | - | 1 |
| ROSACEA AGENTS | | |
| azelaic acid gel (FINACEA equiv) | - | 1 |
| metronidazole cream (METROCREAM equiv) | - | 1 |
| metronidazole gel (METROGEL equiv) | - | 1 |
| metronidazole lotion (METROLOTION equiv) | - | 1 |
| FINACEA FOAM | - | 2 |
| FINACEA PLUS KIT | - | 2 |
| SCABICIDES & PEDICULICIDES | | |
| lindane lotion | - | 1 |
| lindane shampoo | - | 1 |
| malathion lotion (OVIDE equiv) (QL= 1 bottle/7 days; Limited to 2 fills/year) | QL | 1 |
| permethrin cream (ELIMITE equiv) (QL= 60gm/30 days) | QL | 1 |
| EURAX CREAM | - | 2 |
| WOUND CARE PRODUCTS | | |
| REGRANEX GEL (QL= 30gm/fill) | QL | 2 |

DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

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| DIAGNOSTIC PRODUCTS Cont. | | |
| GLUCAGEN INJ | - | 2 |
| DIAGNOSTIC PRODUCTS, MISC. | | |
| FREESTYLE LITE TEST STRIP | OTC | 2 |
| DIAGNOSTIC TESTS | | |
| CLINISTIX TEST STRIP | OTC | 1 |
| KETO-DIASTIX TEST STRIP | OTC | 1 |
| KETOSTIX | OTC | 1 |
| ACCU-CHEK AVIVA PLUS TEST STRIP | OTC | 2 |
| ACCU-CHEK GUIDE TEST STRIP | OTC | 2 |
| ACCU-CHEK SMARTVIEW TEST STRIP | OTC | 2 |
| ACCU-CHEK TEST STRIP | OTC | 2 |
| FREESTYLE INSULINX TEST STRIP | OTC | 2 |
| FREESTYLE PRECISION NEO TEST STRIP | OTC | 2 |
| FREESTYLE TEST STRIP | OTC | 2 |
| PRECISION XTRA TEST STRIP | OTC | 2 |
| DIGESTIVE AIDS | | |
| DIGESTIVE ENZYMES | | |
| CREON CAP | - | 2 |
| PANCREAZE CAP | - | 2 |
| DIURETICS | | |
| CARBONIC ANHYDRASE INHIBITORS | | |
| acetazolamide ER cap (DIAMOX SEQUEL equiv) | - | 1 |
| acetazolamide tab | - | 1 |
| methazolamide tab (NEPTAZANE equiv) | - | 1 |
| DIURETIC COMBINATIONS | | |
| amiloride/hydrochlorothiazide tab (MODURETIC equiv) | - | 1 |
| spironolactone/hydrochlorothiazide tab (ALDACTAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide cap (DYAZIDE equiv) | - | 1 |
| triamterene/hydrochlorothiazide tab (MAXZIDE equiv) | - | 1 |
| TRIAMTERENE/HYDROCHLOROTHIAZIDE CAP 50-25mg | - | 2 |
| LOOP DIURETICS | | |
| bumetanide tab (BUMEX equiv) | - | 1 |
| ethacrynic tab (EDECRIN equiv) | - | 1 |
| FUROSEMIDE SOLN | - | 1 |
| furosemide soln (LASIX equiv) | - | 1 |
| furosemide tab (LASIX equiv) | - | 1 |
| torseamide tab (DEMADEX equiv) | - | 1 |
| POTASSIUM SPARING DIURETICS | | |
| amiloride tab (MIDAMOR equiv) | - | 1 |
| spironolactone tab (ALDACTONE equiv) | - | 1 |
| DYRENIUM CAP | - | 2 |
| THIAZIDES AND THIAZIDE-LIKE DIURETICS | | |
| chlorothiazide tab (DIURIL equiv) | - | 1 |
| CHLOROTHIAZIDE TAB 250MG | - | 1 |
| CHLORTHALIDONE TAB | - | 1 |

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|--|--------------|------|
| DIURETICS Cont. | | |
| hydrochlorothiazide cap (MICROZIDE equiv) | - | 1 |
| hydrochlorothiazide tab (HYDRODIURIL equiv) | - | 1 |
| indapamide tab (LOZOL equiv) | - | 1 |
| METHYCLOTHIAZIDE TAB | - | 1 |
| metolazone tab (ZAROXOLYN equiv) | - | 1 |
| DIURIL SUSP | - | 2 |
| ENDOCRINE AND METABOLIC AGENTS - MISC. | | |
| BONE DENSITY REGULATORS | | |
| alendronate tab (FOSAMAX equiv) | - | 1 |
| calcitonin nasal spray (MIACALCIN equiv) (QL= 1 bottle/30 days) | QL | 1 |
| risedronate DR tab (ATELVIA equiv) | - | 1 |
| ALENDRONATE TAB 40MG | - | 2 |
| FORTICAL NASAL SPRAY (QL= 1 bottle/30 days) | QL | 2 |
| MIACALCIN INJ (QL= 2 units/30 days) | LMSP-QL | 2 |
| MIACALCIN NASAL SPRAY (QL= 1 bottle/30 days) | QL | 2 |
| CALCIUM REGULATORS - MISC. | | |
| etidronate disodium tab 200mg (DIDRONEL equiv) | - | 1 |
| GROWTH HORMONE RECEPTOR ANTAGONISTS | | |
| SOMAVERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| GROWTH HORMONES | | |
| GENOTROPIN INJ | LMSP-PA | 2 |
| HORMONE RECEPTOR MODULATORS | | |
| raloxifene tab (EVISTA equiv) | - | 1 |
| INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) | | |
| INCRELEX INJ | MSP | 2 |
| METABOLIC MODIFIERS | | |
| calcitriol cap (ROCALTROL equiv) | - | 1 |
| CALCITRIOL INJ | LMSP | 1 |
| calcitriol inj (CALCIJEX equiv) | LMSP | 1 |
| calcitriol soln (ROCALTROL equiv) | - | 1 |
| doxercalciferol cap (HECTOROL equiv) | - | 1 |
| levocarnitine soln (CARNITOR equiv) | - | 1 |
| levocarnitine tab (CARNITOR equiv) | - | 1 |
| paricalcitol cap (ZEMPLAR equiv) | - | 1 |
| sodium phenylbutyrate powder (BUPHENYL equiv) | PA | 1 |
| sodium phenylbutyrate tab (BUPHENYL equiv) | PA | 1 |
| RAVICTI LIQUID | - | 2 |
| POSTERIOR PITUITARY HORMONES | | |
| desmopressin acetate inj (DDAVP equiv) | - | 1 |
| desmopressin acetate nasal spray (DDAVP equiv) | - | 1 |
| desmopressin acetate nasal spray (DDAVP equiv) (QL= 6 bottles/30 days) | --QL | 1 |
| desmopressin acetate tab (DDAVP equiv) | - | 1 |
| desmopressin nasal soln (DDAVP equiv) | - | 1 |
| STIMATE NASAL SOLN | - | 2 |
| PROLACTIN INHIBITORS | | |

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| ENDOCRINE AND METABOLIC AGENTS - MISC. Cont. | | |
| cabergoline tab (DOSTINEX equiv) | - | 1 |
| SOMATOSTATIC AGENTS | | |
| octreotide inj (SANDOSTATIN equiv) | LMSP | 1 |
| SANDOSTATIN INJ | LMSP | 2 |
| ESTROGENS | | |
| ESTROGEN COMBINATIONS | | |
| esterified estrogens/methyltestosterone tab (ESTRATEST equiv) | - | 1 |
| estradiol/norethindrone tab (ACTIVEVELLA equiv) | - | 1 |
| jinteli tab (FEMHRT equiv) | - | 1 |
| PREMPHASE TAB, PREMPRO TAB | - | 2 |
| ESTROGENS | | |
| estradiol patch (CLIMARA equiv) | - | 1 |
| estradiol patch (VIVELLE-DOT equiv) | - | 1 |
| estradiol tab (ESTRACE equiv) | - | 1 |
| ESTROPIPATE TAB | - | 1 |
| estropipate tab (OGEN equiv) | - | 1 |
| PREMARIN TAB | - | 2 |
| FLUOROQUINOLONES | | |
| FLUOROQUINOLONES | | |
| ciprofloxacin susp (CIPRO equiv) | - | 1 |
| ciprofloxacin tab (CIPRO equiv) | - | 1 |
| levofloxacin soln (LEVAQUIN equiv) | - | 1 |
| levofloxacin tab (LEVAQUIN equiv) | - | 1 |
| moxifloxacin tab (AVELOX equiv) | - | 1 |
| ofloxacin tab (FLOXIN equiv) | - | 1 |
| GASTROINTESTINAL AGENTS - MISC. | | |
| GALLSTONE SOLUBILIZING AGENTS | | |
| ursodiol cap (ACTIGALL equiv) | - | 1 |
| ursodiol tab (URSO (FORTE) equiv) | - | 1 |
| GASTROINTESTINAL ANTIALLERGY AGENTS | | |
| cromolyn conc (GASTROCROM equiv) | - | 2 |
| GASTROINTESTINAL STIMULANTS | | |
| metoclopramide soln (REGLAN equiv) | - | 1 |
| metoclopramide tab (REGLAN equiv) | - | 1 |
| INFLAMMATORY BOWEL AGENTS | | |
| balsalazide cap (COLAZAL equiv) | - | 1 |
| LIALDA TAB | - | 1 |
| mesalamine enema (ROWASA equiv) | - | 1 |
| sulfasalazine EC tab (AZULFIDINE equiv) | - | 1 |
| sulfasalazine tab (AZULFIDINE equiv) | - | 1 |
| CIMZIA INJ (QL= 2 inj/28 days) | LMSP-PA-QL | 2 |
| CIMZIA STARTER INJ KIT (QL= 1 kit/plan year) | LMSP-PA-QL | 2 |
| PENTASA CAP | - | 2 |
| INTESTINAL ACIDIFIERS | | |

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| GASTROINTESTINAL AGENTS - MISC. Cont. | | |
| lactulose soln | - | 1 |
| IRRITABLE BOWEL SYNDROME (IBS) AGENTS | | |
| alosetron tab (LOTROXEX equiv) | - | 1 |
| PHOSPHATE BINDER AGENTS | | |
| calcium acetate cap (PHOSLO equiv) | - | 1 |
| sevelamer powder pak (REVELA PAK equiv) | - | 1 |
| sevelamer tab (REVELA TAB equiv) | - | 1 |
| FOSRENOL POWDER PACK | - | 2 |
| GENITOURINARY AGENTS - MISCELLANEOUS | | |
| ALKALINIZERS | | |
| CYTRA-3 SYRUP | - | 1 |
| K/NA CITRATE SOLN CITRIC ACID | - | 1 |
| ORACIT SOLN | - | 1 |
| potassium citrate CR tab (UROKIT-K TAB equiv) | - | 1 |
| potassium citrate/citric acid powder pack (POLYCITRA equiv) | - | 1 |
| potassium citrate/citric acid soln (POLYCITRA-K equiv) | - | 1 |
| sodium citrate/citric acid soln (BICITRA equiv) | - | 1 |
| tricitrates soln (POLYCITRA-LC equiv) | - | 1 |
| CYSTINOSIS AGENTS | | |
| CYSTAGON CAP (Only available through CVS Specialty 800-238-7828) | LD-PA | 2 |
| INTERSTITIAL CYSTITIS AGENTS | | |
| ELMIRON CAP | - | 2 |
| PROSTATIC HYPERTROPHY AGENTS | | |
| dutasteride cap (AVODART equiv) | - | 1 |
| finasteride tab (PROSCAR equiv) | - | 1 |
| tamsulosin cap (FLOMAX equiv) | - | 1 |
| alfuzosin SR tab (UROXATRAL equiv) | - | 2 |
| URINARY ANALGESICS | | |
| phenazopyridine tab (PYRIDIUM equiv) | - | 1 |
| GOUT AGENTS | | |
| GOUT AGENT COMBINATIONS | | |
| colchicine/probenecid tab (COL-BENEMID equiv) | - | 1 |
| GOUT AGENTS | | |
| allopurinol tab (ZYLOPRIM equiv) | - | 1 |
| COLCHICINE TAB | - | 2 |
| URICOSURICS | | |
| probenecid tab (BENEMID equiv) | - | 1 |
| HEMATOLOGICAL AGENTS - MISC. | | |
| ANTIHEMOPHILIC PRODUCTS | | |
| HEMLIBRA INJ | MSP-PA | 2 |
| BRADYKININ B2 RECEPTOR ANTAGONISTS | | |
| FIRAZYR INJ | LMSP-PA | 2 |
| COMPLEMENT INHIBITORS | | |

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| HEMATOLOGICAL AGENTS - MISC. Cont. | | |
| BERINERT INJ (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| CINRYZE INJ (QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 |
| HAEGARDA INJ | MSP-PA | 2 |
| RUCONEST INJ (Only available through CVS Specialty 800-237-2767) | LD-PA | 2 |
| HEMATORHEOLOGIC AGENTS | | |
| pentoxifylline ER tab (TRENTAL equiv) | - | 1 |
| PLASMA KALLIKREIN INHIBITORS | | |
| TAKHZYRO INJ (QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767) | LD-PA-QL | 2 |
| PLATELET AGGREGATION INHIBITORS | | |
| anagrelide cap (AGRYLIN equiv) | - | 1 |
| cilostazol tab (PLETAL equiv) | - | 1 |
| clopidogrel tab 75mg (PLAVIX equiv) | - | 1 |
| dipyridamole tab (PERSANTINE equiv) | - | 1 |
| ticlopidine tab (TICLID equiv) | - | 1 |
| HEMATOPOIETIC AGENTS | | |
| AGENTS FOR GAUCHER DISEASE | | |
| miglustat cap (ZAVESCA equiv) (Only available through Accredo 888-773-7376) | LD-PA | 1 |
| CEREZYME INJ | MSP-PA | 2 |
| AGENTS FOR SICKLE CELL ANEMIA | | |
| DROXIA CAP | - | 2 |
| COBALAMINS | | |
| cyanocobalamin inj | - | 1 |
| FOLIC ACID/FOLATES | | |
| folic acid tab 1mg | - | 1 |
| HEMATOPOIETIC GROWTH FACTORS | | |
| FULPHILA INJ | PA | 2 |
| LEUKINE INJ | LMSP-PA | 2 |
| NIVESTYM INJ | LMSP | 2 |
| PROCRIT INJ | - | 2 |
| RETACRIT INJ | PA | 2 |
| UDENYCA INJ | LMSP | 2 |
| ZARXIO INJ | LMSP | 2 |
| HEMATOPOIETIC MIXTURES | | |
| ferrex 150 forte cap | - | 1 |
| ferrex 150 forte cap (NIFEREX 150 FORTE equiv) | - | 1 |
| folbee tab | - | 1 |
| multigen folic tab (CHROMAGEN FA equiv) | - | 1 |
| multigen plus tab (CHROMAGEN FORTE equiv) | - | 1 |
| multigen tab (CHROMAGEN equiv) | - | 1 |
| tricon cap (TRINSICON equiv) | - | 1 |
| NEPHRON FA TAB | - | 2 |
| HEMOSTATICS | | |
| HEMOSTATICS - SYSTEMIC | | |
| aminocaproic acid syrup (AMICAR equiv) | - | 1 |

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| HEMOSTATICS Cont. | | |
| aminocaproic acid tab (AMICAR equiv) | - | 1 |
| AMICAR SOLN | - | 2 |
| tranexamic acid tab (LYSTEDA equiv) (QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID) | QL-ST | 2 |
| HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS | | |
| ANTIHISTAMINE HYPNOTICS | | |
| diphenhydramine cap 50mg (BENADRYL equiv) (Only 50mg covered) | - | 1 |
| BARBITURATE HYPNOTICS | | |
| phenobarbital elixir | - | 1 |
| phenobarbital tab | - | 1 |
| SECONAL CAP | - | 2 |
| NON-BARBITURATE HYPNOTICS | | |
| estazolam tab (PROSOM equiv) | - | 1 |
| eszopiclone tab (LUNESTA equiv) (QL= 1 tab/day) | QL | 1 |
| FLURAZEPAM CAP | - | 1 |
| temazepam cap 15mg (RESTORIL equiv) | - | 1 |
| temazepam cap 30mg (RESTORIL equiv) | - | 1 |
| triazolam tab (HALCION equiv) | - | 1 |
| zaleplon cap (SONATA equiv) | - | 1 |
| LAXATIVES | | |
| LAXATIVE COMBINATIONS | | |
| peg 3350/electrolytes soln (GOLYTELY/COLYTE equiv) | - | 1 |
| trilyte soln (NULYTELY equiv) | - | 1 |
| MOVIPREP SOLN (QL= 1 bottle/fill) | QL | 2 |
| LAXATIVES - MISCELLANEOUS | | |
| lactulose soln | - | 1 |
| polyethylene glycol 3350 powder (MIRALAX equiv) | - | 1 |
| MACROLIDES | | |
| AZITHROMYCIN | | |
| azithromycin susp (ZITHROMAX equiv) | - | 1 |
| azithromycin tab (ZITHROMAX equiv) | - | 1 |
| ZITHROMAX POWDER PACK | - | 1 |
| CLARITHROMYCIN | | |
| clarithromycin ER tab (BIAXIN XL equiv) | - | 1 |
| clarithromycin susp (BIAXIN equiv) | - | 1 |
| clarithromycin tab (BIAXIN equiv) | - | 1 |
| CLARITHROMYC SUSP | - | 2 |
| ERYTHROMYCINS | | |
| erythromycin ethylsuccinate susp (ERYPED equiv) | - | 1 |
| ERY-TAB | - | 2 |
| erythromycin DR cap (ERYC equiv) | - | 2 |
| ERYTHROMYCIN ETHYLSUCCINATE TAB | - | 2 |
| erythromycin stearate tab | - | 2 |
| MEDICAL DEVICES AND SUPPLIES | | |
| CONTRACEPTIVES | | |

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| | | | | | |
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|---|---------------------|-------------|
| MEDICAL DEVICES AND SUPPLIES Cont. | | |
| FEMALE CONDOMS | OTC | \$0 |
| DIAPHRAGM | - | 2 |
| DIABETIC SUPPLIES | | |
| ACCU-CHEK AVIVA PLUS METER | OTC | \$0 |
| ACCU-CHEK GUIDE CARE METER | OTC | \$0 |
| ACCU-CHEK GUIDE ME KIT | OTC | \$0 |
| ACCU-CHEK NANO METER | OTC | \$0 |
| FREESTYLE FREEDOM LITE METER | OTC | \$0 |
| FREESTYLE INSULINX METER | OTC | \$0 |
| FREESTYLE LITE METER | OTC | \$0 |
| FREESTYLE PRECISION NEO METER | OTC | \$0 |
| PRECISION XTRA METER | OTC | \$0 |
| CALIBRATION LIQUID | OTC | 1 |
| LANCET KIT | OTC | 1 |
| LANCETS | OTC | 1 |
| V-GO INJ KIT (QL= 1 kit/day) | QL | 2 |
| MISC. DEVICES | | |
| ALCOHOL SWABS | OTC | 1 |
| PARENTERAL THERAPY SUPPLIES | | |
| B-D INSULIN SYRINGE | --OTC | 1 |
| B-D PEN NEEDLE | OTC | 1 |
| NOVOFINE PEN NEEDLE | OTC | 1 |
| NOVOTWIST PEN NEEDLE | OTC | 1 |
| NOVOTWIST/NOVOFINE PEN NEEDLE | OTC | 1 |
| RESPIRATORY THERAPY SUPPLIES | | |
| PEAK FLOW METER | OTC | 1 |
| AEROCHAMBER | OTC | 2 |
| MIGRAINE PRODUCTS | | |
| MIGRAINE COMBINATIONS | | |
| MIGERGOT SUPP | - | 2 |
| SEROTONIN AGONISTS | | |
| naratriptan tab (AMERGE equiv) (QL= 9 tabs/30 days) | QL | 1 |
| rizatriptan ODT (MAXALT equiv) (QL= 12 tabs/30 days) | QL | 1 |
| rizatriptan tab (MAXALT equiv) (QL= 12 tabs/30 days) | QL | 1 |
| sumatriptan inj (QL= 6 inj/30 days) | QL | 1 |
| sumatriptan nasal spray (IMITREX, SUMATRIPTAN equiv) (QL= 6 sprays/fill, 2 fills/30 days) | QL | 1 |
| sumatriptan tab (IMITREX equiv) (QL= 9 tabs/30 days) | QL | 1 |
| sumatriptan tab 25mg (IMITREX TAB equiv) (QL= 18 tabs/30 days) | QL | 1 |
| sumatriptan vial inj (IMITREX equiv) (QL= 5 inj/fill, 2 fills/30 days) | QL | 1 |
| SUMATRIPTAN INJ 6MG/0.5ML (QL= 6 inj/30 days) | QL | 2 |
| MINERALS & ELECTROLYTES | | |
| FLUORIDE | | |
| FLUOR-A-DAY CHEW TAB | - | 1 |
| sodium fluoride chew tab (LURIDE equiv) | - | 1 |
| SODIUM FLUORIDE LOZENGE | - | 1 |

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| MINERALS & ELECTROLYTES Cont. | | |
| sodium fluoride soln (LURIDE SOLN. equiv) | - | 1 |
| SODIUM FLUORIDE TAB | - | 1 |
| FLUORABON SOLN | - | 2 |
| PHOSPHATE | | |
| phospha 250 neutral tab (K-PHOS NEUTRAL equiv) | - | 1 |
| K-PHOS TAB | - | 2 |
| POTASSIUM | | |
| POT/CHLORIDE EFFER TAB | - | 1 |
| potassium bicarbonate effer tab (K-LYTE equiv) | - | 1 |
| potassium chloride effer tab (K-LYTE/CL equiv) | - | 1 |
| potassium chloride ER cap (MICRO-K equiv) | - | 1 |
| POTASSIUM CHLORIDE ER TAB | - | 1 |
| potassium chloride ER tab (KLOR-CON equiv) | - | 1 |
| potassium chloride micro tab (K-DUR equiv) | - | 1 |
| KLOR-CON M15 TAB | - | 2 |
| potassium chloride powder packet (KLOR-CON equiv) | - | 2 |
| potassium chloride soln | - | 2 |
| ZINC | | |
| zinc sulfate cap | - | 1 |
| GALZIN CAP | - | 2 |
| MISCELLANEOUS THERAPEUTIC CLASSES | | |
| IMMUNOSUPPRESSIVE AGENTS | | |
| CYCLOSPORINE MODIFIED CAP | - | 1 |
| sirolimus soln (RAPAMUNE equiv) | - | 1 |
| MOUTH/THROAT/DENTAL AGENTS | | |
| ANESTHETICS TOPICAL ORAL | | |
| lidocaine viscous soln | - | 1 |
| LIDOCAINE ORAL SOLN 4% | - | 2 |
| ANTIALLERGY AGENTS - MOUTH/THROAT | | |
| APHTHASOL PASTE | - | 2 |
| ANTI-INFECTIVES - THROAT | | |
| clotrimazole troches (MYCELEX TROCHES equiv) | - | 1 |
| nystatin susp | - | 1 |
| ANTISEPTICS - MOUTH/THROAT | | |
| chlorhexidine gluconate soln (PERIDEX equiv) | - | 1 |
| DENTAL PRODUCTS | | |
| sodium fluoride cream (PREVIDENT 5000 PLUS equiv) | - | 1 |
| sodium fluoride gel (PREVIDENT equiv) | - | 1 |
| sodium fluoride paste (PREVIDENT equiv) | - | 1 |
| sodium fluoride rinse (PREVIDENT equiv) | - | 1 |
| sodium fluoride/potassium nitrate paste (PREVIDENT equiv) | - | 1 |
| PREVIDENT PASTE | - | 2 |
| STEROIDS - MOUTH/THROAT | | |
| triamcinolone in orabase paste (KENALOG/ORABASE equiv) | - | 1 |

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|---|--|---|
| MOUTH/THROAT/DENTAL AGENTS Cont. | | |
| THROAT PRODUCTS - MISC. | | |
| cevimeline cap (EVOXAC equiv) | - | 1 |
| pilocarpine tab (SALAGEN equiv) | - | 1 |
| MULTIVITAMINS | | |
| B-COMPLEX W/ FOLIC ACID | | |
| DIALYVITE TAB | - | 1 |
| dialyvit tab (NEPHRO-VITE equiv) | - | 1 |
| DIALYVITE/ZINC TAB | - | 1 |
| FOLBEE PLUS CZ TAB | - | 1 |
| renaphro cap (NEPHROCAP equiv) | - | 1 |
| MULTIPLE VITAMINS W/ MINERALS | | |
| multivitamin/minerals tab (STROVITE equiv) | - | 1 |
| PED MULTI VITAMINS W/FL & FE | | |
| pediatric multiple vitamins/fluoride/iron soln | - | 1 |
| POLY-VI-FLOR SUSP | - | 2 |
| PED MV W/ FLUORIDE | | |
| pediatric multiple vitamins/fluoride chew tab | - | 1 |
| pediatric multiple vitamins/fluoride soln | - | 1 |
| FLORIVA PLUS DROPS | - | 2 |
| TRI-VI-FLOR SUSP | - | 2 |
| PRENATAL VITAMINS | | |
| PRENATAL VITAMINS (PRENATAL PLUS, PREPLUS, PRENAPLUS) | - | 1 |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| CENTRAL MUSCLE RELAXANTS | | |
| baclofen tab 10mg, 20mg | - | 1 |
| carisoprodol tab (SOMA equiv) | - | 1 |
| CHLORZOXAZONE TAB 500MG | - | 1 |
| cyclobenzaprine tab 10mg (FLEXERIL equiv) | - | 1 |
| cyclobenzaprine tab 5mg (FLEXERIL equiv) | - | 1 |
| methocarbamol tab (ROBAXIN equiv) | - | 1 |
| orphenadrine citrate ER tab (NORFLEX equiv) | - | 1 |
| tizanidine cap (ZANAFLEX equiv) | - | 1 |
| tizanidine tab (ZANAFLEX equiv) | - | 1 |
| DIRECT MUSCLE RELAXANTS | | |
| dantrolene cap (DANTRIUM equiv) | - | 1 |
| MUSCLE RELAXANT COMBINATIONS | | |
| orphenadrine/aspirin/caffeine tab (NORGESIC FORTE equiv) | - | 1 |
| NASAL AGENTS - SYSTEMIC AND TOPICAL | | |
| NASAL ANTIALLERGY | | |
| azelastine nasal spray 0.1% (ASTELIN equiv) (QL= 1 bottle/month) | QL | 1 |
| azelastine nasal spray 0.15% (ASTEPRO equiv) (QL= 1 bottle/month) | QL | 1 |
| NASAL STEROIDS | | |
| FLUNISOLIDE NASAL SPRAY | - | 1 |
| fluticasone nasal spray (FLONASE equiv) | - | 1 |
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|----------|--------------|------|

NASAL AGENTS - SYSTEMIC AND TOPICAL Cont.

| | | |
|--|---|---|
| mometasone nasal spray (NASONEX equiv) | - | 1 |
| triamcinolone nasal spray (NASACORT equiv) | - | 2 |

OPHTHALMIC AGENTS

BETA-BLOCKERS - OPHTHALMIC

| | | |
|--|---|---|
| betaxolol ophth soln (BETOPTIC-S equiv) | - | 1 |
| carteolol ophth soln (OCUPRESS equiv) | - | 1 |
| dorzolamide/timolol (pf) ophth soln (COSOPT equiv) | - | 1 |
| levobunolol ophth soln (BETAGAN equiv) | - | 1 |
| timolol maleate ophth gel (TIMOPTIC-XE equiv) | - | 1 |
| timolol maleate ophth soln (TIMOPTIC equiv) | - | 1 |
| timolol maleate ophth soln 0.5% (ISTALOL equiv) | - | 1 |
| BETIMOL OPHTH SOLN | - | 2 |
| BETOPTIC-S OPHTH SOLN | - | 2 |
| COMBIGAN OPHTH SOLN | - | 2 |
| DORZOLAMIDE/TIMOLOL OPHTH SOLN | - | 2 |
| ISTALOL OPHTH SOLN | - | 2 |
| METIPRANOLOL OPHTH SOLN | - | 2 |
| TIMOLOL OPHTH GEL SOLN | - | 2 |

CYCLOPLEGIC MYDRIATICS

| | | |
|---|---|---|
| atropine ophth oint | - | 1 |
| atropine ophth soln (ISOPTO ATROPINE equiv) | - | 1 |
| cyclopentolate ophth soln (CYCLOGYL equiv) | - | 1 |
| homatropine ophth soln (ISOPTO HOMATROPINE equiv) | - | 1 |
| tropicamide ophth soln (MYDRIACYL equiv) | - | 1 |
| CYCLOMYDRIL OPHTH SOLN | - | 2 |
| ISOPTO HOMATROPINE OPHTH SOLN 2% | - | 2 |
| ISOPTO HOMATROPINE OPHTH SOLN 5% | - | 2 |
| ISOPTO HYOSCINE OPHTH SOLN | - | 2 |

MIOTICS

| | | |
|---|---|---|
| pilocarpine ophth soln (ISOPTO CARPINE equiv) | - | 1 |
| ISOPTO CARBACHOL OPHTH SOLN | - | 2 |
| PHOSPHOLINE OPHTH SOLN | - | 2 |

OPHTHALMIC ADRENERGIC AGENTS

| | | |
|---|---|---|
| apraclonidine ophth soln (IOPIDINE equiv) | - | 1 |
| brimonidine ophth soln 0.2% | - | 1 |
| ALPHAGAN P OPHTH SOLN 0.1% | - | 2 |
| ALPHAGAN P OPHTH SOLN 0.15% | - | 2 |
| brimonidine ophth soln 0.15% (ALPHAGAN P 0.15% equiv) | - | 2 |
| IOPIDINE OPHTH SOLN 1% | - | 2 |

OPHTHALMIC ANTI-INFECTIVES

| | | |
|--|---|---|
| bacitracin/neomycin/polymyxin b ophth oint (NEOSPORIN equiv) | - | 1 |
| bacitracin/polymyxin b ophth oint (POLYSPORIN equiv) | - | 1 |
| ciprofloxacin ophth soln (CILOXAN equiv) | - | 1 |
| erythromycin ophth oint | - | 1 |
| gatifloxacin ophth soln (ZYMAXID equiv) | - | 1 |
| GENTAK OPHTH OINT | - | 1 |

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| OPHTHALMIC AGENTS Cont. | | |
| gentamicin ophth oint (GARAMYCIN equiv) | - | 1 |
| gentamicin ophth soln (GARAMYCIN equiv) | - | 1 |
| levofloxacin ophth soln (QUIXIN equiv) | - | 1 |
| moxifloxacin ophth soln (VIGAMOX OPHTH SOLN equiv) | - | 1 |
| NEOMYCIN/POLYMYXIN/GRAMICIDIN OPHTH SOLN | - | 1 |
| ofloxacin ophth soln (OCUFLOX equiv) | - | 1 |
| polymyxin b/trimethoprim ophth soln (POLYTRIM equiv) | - | 1 |
| sulfacetamide sodium ophth soln (BLEPH-10 equiv) | - | 1 |
| tobramycin ophth soln (TOBREX equiv) | - | 1 |
| TRIFLURIDINE OPHTH SOLN | - | 1 |
| trifluridine ophth soln (VIROPTIC equiv) | - | 1 |
| AZASITE SOLN | - | 2 |
| BACITRACIN OPHTH OINT | - | 2 |
| ZIRGAN OPHTH GEL | - | 2 |
| OPHTHALMIC DECONGESTANTS | | |
| phenylephrine ophth soln (MYDFRIN equiv) | - | 1 |
| OPHTHALMIC LOCAL ANESTHETICS | | |
| proparacaine ophth soln (ALCAINE equiv) | - | 1 |
| OPHTHALMIC STEROIDS | | |
| bacitracin/polymyxin/neomycin/hydrocortisone ophth oint (CORTISPORIN equiv) | - | 1 |
| dexamethasone ophth soln | - | 1 |
| fluorometholone ophth soln (FML LIQUIFILM equiv) | - | 1 |
| loteprednol ophth susp (LOTEMAX equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth oint (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/dexamethasone ophth soln (MAXITROL equiv) | - | 1 |
| neomycin/polymyxin/hydrocortisone ophth soln (CORTISPORIN equiv) | - | 1 |
| PREDNISOLONE OPHTH SUSP | - | 1 |
| sulfacetamide sodium/prednisolone ophth soln (VASOCIDIN equiv) | - | 1 |
| tobramycin/dexamethasone ophth soln (TOBRADEX equiv) | - | 1 |
| ALREX OPHTH SUSP | - | 2 |
| BLEPHAMIDE OPHTH SOLN | - | 2 |
| DUREZOL OPHTH EMULSION | - | 2 |
| FML FORTE OPHTH SUSP | - | 2 |
| LOTEMAX OPHTH GEL | - | 2 |
| LOTEMAX OPHTH OINT | - | 2 |
| MAXIDEX OPHTH SOLN | - | 2 |
| PRED MILD OPHTH SOLN | - | 2 |
| PRED-G OPHTH SOLN | - | 2 |
| PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN | - | 2 |
| VEXOL OPHTH SUSP | - | 2 |
| ZYLET OPHTH SUSP (QL= 5ml/fill (10ml bottle is Not Covered)) | QL | 2 |
| OPHTHALMICS - MISC. | | |
| azelastine ophth soln (OPTIVAR equiv) | - | 1 |
| cromolyn ophth soln (CROLOM equiv) | - | 1 |
| diclofenac sodium ophth soln (VOLTAREN equiv) | - | 1 |
| dorzolamide ophth soln (TRUSOPT equiv) | - | 1 |

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| OPHTHALMIC AGENTS Cont. | | |
| epinastine ophth soln (ELESTAT equiv) | - | 1 |
| ketorolac ophth soln (ACULAR (LS) equiv) | - | 1 |
| olopatadine ophth soln 0.1% (PATANOL equiv) | - | 1 |
| olopatadine ophth soln 0.2% (PATADAY equiv) (QL= 2.5ml/30 days) | QL | 1 |
| ALOCRILOPHTH SOLN | - | 2 |
| ALOMIDOPHTH SOLN | - | 2 |
| CYSTARANOPHTH SOLN (Only available through Walgreens 888-347-3416) | LD-PA | 2 |
| PROSTAGLANDINS - OPHTHALMIC | | |
| bimatoprost ophth soln (QL= 2.5ml/30 days) | QL | 1 |
| latanoprost ophth soln (XALATAN equiv) (QL= 2.5ml/30 days) | QL | 1 |
| LUMIGANOPHTH SOLN (QL= 2.5ml/30 days) | QL | 2 |
| TRAVATAN ZOPHTH SOLN (QL= 5ml/30 days) | QL | 2 |
| OTIC AGENTS | | |
| OTIC AGENTS - MISCELLANEOUS | | |
| acetic acid otic soln (VOSOL equiv) | - | 1 |
| ACETIC ACID/ALUMINUM ACETATE OTIC SOLN | - | 1 |
| OTIC ANTI-INFECTIVES | | |
| ofloxacin otic soln (FLOXIN equiv) | - | 1 |
| CIPROFLOXACIN OTIC SOLN | - | 2 |
| OTIC COMBINATIONS | | |
| neomycin/polymixin/hydrocortisone otic soln (CORTISPORIN equiv) | - | 1 |
| neomycin/polymixin/hydrocortisone otic susp (CORTISPORIN equiv) | - | 1 |
| CIPRODEX OTIC SUSP | - | 2 |
| COLY-MYCIN S OTIC SUSP | - | 2 |
| OTIC STEROIDS | | |
| acetic acid/hydrocortisone otic soln (VOSOL HC equiv) | - | 1 |
| fluocinolone otic oil (DERMOTIC equiv) | - | 1 |
| OXYTOCICS | | |
| OXYTOCICS | | |
| methylergonovine tab (METHERGINE equiv) (QL= 28 tabs/fill; 1 fill/365 days) | QL | 2 |
| PASSIVE IMMUNIZING AGENTS | | |
| MONOCLONAL ANTIBODIES | | |
| SYNAGIS INJ (Available through Avella Specialty Pharmacy 877-470-7603) | MSP-PA | 2 |
| PENICILLINS | | |
| AMINOPENICILLINS | | |
| amoxicillin cap (TRIMOX equiv) | - | 1 |
| amoxicillin chew tab (AMOXIL equiv) | - | 1 |
| AMOXICILLIN CHEW TAB 250MG | - | 1 |
| amoxicillin susp (TRIMOX equiv) | - | 1 |
| amoxicillin tab (AMOXIL equiv) | - | 1 |
| ampicillin cap (PRINCIPEN equiv) | - | 1 |
| ampicillin susp (PRINCIPEN equiv) | - | 1 |
| NATURAL PENICILLINS | | |
| penicillin vk soln (VEETIDS equiv) | - | 1 |

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| PENICILLINS Cont. | | |
| penicillin vk tab (VEETIDS equiv) | - | 1 |
| PENICILLIN COMBINATIONS | | |
| amoxicillin/clavulanate chew tab (AUGMENTIN equiv) | - | 1 |
| amoxicillin/clavulanate susp (AUGMENTIN ES equiv) | - | 1 |
| amoxicillin/clavulanate tab (AUGMENTIN equiv) | - | 1 |
| PENICILLINASE-RESISTANT PENICILLINS | | |
| dicloxacillin cap (DYNAPEN equiv) | - | 1 |
| PHARMACEUTICAL ADJUVANTS | | |
| SEMI SOLID VEHICLES | | |
| POLYETHYLENE GLYCOL 8000 GRANULES | - | 2 |
| PROGESTINS | | |
| hydroxyprogesterone inj (MAKENA equiv) | MSP-PA | 1 |
| medroxyprogesterone tab (PROVERA equiv) | - | 1 |
| megestrol ES susp (MEGACE ES equiv) | - | 1 |
| norethindrone tab (AYGESTIN equiv) | - | 1 |
| progesterone cap (PROMETRIUM equiv) | - | 1 |
| MAKENA INJ | MSP-PA | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| AGENTS FOR CHEMICAL DEPENDENCY | | |
| acamprosate calcium DR tab (CAMPRAL equiv) | - | 1 |
| disulfiram tab (ANTABUSE equiv) | - | 1 |
| ANTIDEMENTIA AGENTS | | |
| donepezil ODT (ARICEPT equiv) (QL= 1 tab/day) | QL | 1 |
| donepezil tab (ARICEPT equiv) (QL= 2 tabs/day) | QL | 1 |
| galantamine ER cap (RAZADYNE ER equiv) | - | 1 |
| GALANTAMINE SOLN | - | 1 |
| galantamine tab (RAZADYNE equiv) | - | 1 |
| memantine soln (NAMENDA equiv) | - | 1 |
| memantine tab (NAMENDA equiv) | - | 1 |
| rivastigmine cap (EXELON equiv) | - | 1 |
| rivastigmine patch (EXELON equiv) | - | 1 |
| EXELON SOLN | - | 2 |
| NAMENDA XR TITRATION PACK | - | 2 |
| COMBINATION PSYCHOTHERAPEUTICS | | |
| chlordiazepoxide/amitriptyline tab (LIMBITROL equiv) | - | 1 |
| olanzapine/fluoxetine cap (SYMBYAX equiv) | - | 1 |
| PERPHENAZINE/ AMITRIPTYLINE TAB | - | 1 |
| FIBROMYALGIA AGENTS | | |
| SAVELLA PAK | - | 2 |
| SAVELLA TAB | - | 2 |
| MULTIPLE SCLEROSIS AGENTS | | |
| glatiramer inj (COPAXONE equiv) | LMSP | 1 |
| AVONEX INJ | LMSP | 2 |

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| | | | | | |
|-----|--------------------------------------|-----|--|------|--|
| INF | NC =Not Covered Infertility | LD | generic =small letters Limited Distribution | LMSP | BRANDS =CAPITAL LETTERS Lumicera Mandatory Specialty Pharmacy Program |
| MSP | Mandatory Specialty Pharmacy Program | OTC | Over-the-Counter | PA | Prior Authorization |
| QL | Quantity Limit | RS | Restricted to Specialist | SMKG | Smoking Cessation |
| ST | Step Therapy | VAC | Vaccine Program | | |

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**Colorado Access Child Health Plan Plus State Managed Care Network
Category/Class**

Last Updated* 6/1/2019

| DrugName | Special Code | Tier |
|---|---|--|
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. Cont. | | |
| AVONEX INJ | LMSP | 2 |
| BETASERON INJ (Step Therapy requires trial of 2 of the 3 products: AVONEX, REBIF, COPAXONE) | LMSP-ST | 2 |
| EXTAVIA INJ | LMSP | 2 |
| GILENYA CAP | LMSP-PA | 2 |
| REBIF INJ | LMSP | 2 |
| PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. | | |
| PIMOZIDE TAB | - | 2 |
| SMOKING DETERRENTS | | |
| bupropion SR tab (ZYBAN equiv) | - | 1 |
| nicotine patch (NICODERM equiv) (Rx Only) | OTC-SMKG | 1 |
| CHANTIX PAK | - | 2 |
| CHANTIX TAB | - | 2 |
| NICOTROL INHALER | - | 2 |
| NICOTROL NASAL SPRAY | - | 2 |
| RESPIRATORY AGENTS - MISC. | | |
| CYSTIC FIBROSIS AGENTS | | |
| KALYDECO PAK (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| KALYDECO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ORKAMBI GRANULES PACKET (QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| ORKAMBI TAB (QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| PULMOZYME INH SOLN | LMSP | 2 |
| SYMDEKO TAB (QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416) | LD-PA-QL | 2 |
| SULFONAMIDES | | |
| SULFONAMIDES | | |
| SULFADIAZINE TAB | - | 1 |
| TETRACYCLINES | | |
| TETRACYCLINES | | |
| doxycycline hyclate cap (VIBRAMYCIN equiv) | - | 1 |
| doxycycline hyclate tab (VIBRATAB equiv) | - | 1 |
| doxycycline monohydrate cap (MONODOX equiv) | - | 1 |
| doxycycline monohydrate tab (ADOXA equiv) | - | 1 |
| doxycycline susp (VIBRAMYCIN equiv) | - | 1 |
| minocycline cap (MINOCIN equiv) | - | 1 |
| minocycline tab (DYNACIN equiv) | - | 1 |
| tetracycline cap | - | 1 |
| THYROID AGENTS | | |
| ANTITHYROID AGENTS | | |
| methimazole tab (TAPAZOLE equiv) | - | 1 |
| propylthiouracil tab | - | 1 |
| THYROID HORMONES | | |
| ARMOUR THYROID TAB, NATURE THROID TAB | - | 1 |
| levothyroxine tab (SYNTHROID equiv) | - | 1 |
| liothyronine tab (CYTOMEL equiv) | - | 1 |
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Last Updated* 6/1/2019

| DrugName | Special Code | Tier |
|--|--------------|------|
| THYROID AGENTS Cont. | | |
| np thyroid tab (ARMOUR THYROID, NATURE THROID equiv) | - | 1 |
| THYROLAR TAB | - | 2 |

ULCER DRUGS

ANTISPASMODICS

| | | |
|---|---|---|
| chlordiazepoxide/clidinium cap (LIBRAX equiv) | - | 1 |
| dicyclomine cap (BENTYL equiv) | - | 1 |
| dicyclomine soln (BENTYL equiv) | - | 1 |
| dicyclomine tab (BENTYL equiv) | - | 1 |
| glycopyrrolate tab (ROBINUL equiv) | - | 1 |
| hyoscyamine sulfate CR tab (LEVVID equiv) | - | 1 |
| hyoscyamine sulfate elixir (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate ODT (ANASPAZ equiv) | - | 1 |
| hyoscyamine sulfate SL tab (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate soln (LEVSIN equiv) | - | 1 |
| hyoscyamine sulfate SR cap (LEVSINEX equiv) | - | 1 |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| methscopolamine tab (PAMINE equiv) | - | 1 |
| BELLADONNA ALKALOID/OPIUM SUPP | - | 2 |
| PROPANTHELINE TAB | - | 2 |

H-2 ANTAGONISTS

| | | |
|---|---|---|
| CIMETIDINE SOLN | - | 1 |
| famotidine susp (PEPCID equiv) | - | 1 |
| nizatidine cap (AXID equiv) | - | 1 |
| nizatidine soln (AXID equiv) | - | 1 |
| ranitidine cap (ZANTAC equiv) | - | 1 |
| ranitidine syrup (ZANTAC equiv) | - | 1 |
| ranitidine tab (Rx Only) (ZANTAC equiv) | - | 1 |

MISC. ANTI-ULCER

| | | |
|---------------------------------|---|---|
| sucralfate tab (CARAFATE equiv) | - | 1 |
| CARAFATE SUSP | - | 2 |

PROTON PUMP INHIBITORS

| | | |
|--|--------|---|
| lansoprazole cap (PREVACID equiv) (QL= 2 caps/day) | OTC-QL | 1 |
| lansoprazole odt (PREVACID SOLUTAB equiv) (QL= 2 tabs/day) | QL | 1 |
| omeprazole DR cap (PRILOSEC equiv) (QL= 2 caps/day) | QL | 1 |
| omeprazole DR cap 10mg (PRILOSEC equiv) | - | 1 |
| pantoprazole EC tab (PROTONIX equiv) | - | 1 |
| PREVACID OTC CAP | OTC-QL | 1 |
| rabeprazole EC tab (ACIPHEX equiv) | - | 1 |
| FIRST OMEPRAZOLE SUSP | - | 2 |

ULCER DRUGS - PROSTAGLANDINS

| | | |
|---------------------------------|---|---|
| misoprostol tab (CYTOTEC equiv) | - | 1 |
|---------------------------------|---|---|

ULCER THERAPY COMBINATIONS

| | | |
|---|---|---|
| lansoprazole/amoxicillin/clarithromycin kit (PREVPAC equiv) | - | 1 |
|---|---|---|

URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

Note: Unless otherwise specifically noted, all strengths and forms of products listed in the formulary are covered.

| | | | | | |
|-----|--------------------------------------|-----|--------------------------|------|---|
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| QL | Mandatory Specialty Pharmacy Program | RS | Over-the-Counter | SMKG | Prior Authorization |
| ST | Quantity Limit | VAC | Restricted to Specialist | | Smoking Cessation |
| | Step Therapy | | Vaccine Program | | |

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**Colorado Access Child Health Plan Plus State Managed Care Network
Category/Class**

Last Updated* 6/1/2019

| DrugName | Special Code | Tier |
|---|---|--|
| URINARY ANTI-INFECTIVES Cont. | | |
| methenamine hippurate tab (HIPREX equiv) | - | 1 |
| methenamine mandelate tab | - | 1 |
| nitrofurantoin macrocrystals cap (MACRODANTIN equiv) | - | 1 |
| nitrofurantoin monohydrate cap (MACROBID equiv) | - | 1 |
| nitrofurantoin susp (FURADANTIN equiv) | - | 1 |
| URINARY ANTISPASMODICS | | |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLIN) (NEW) | | |
| oxybutynin ER tab (DITROPAN XL equiv) | - | 1 |
| oxybutynin syrup | - | 1 |
| oxybutynin tab (DITROPAN equiv) | - | 1 |
| tolterodine tab (DETROL equiv) | - | 1 |
| URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) | | |
| solifenacin tab (VESICARE equiv) | - | 1 |
| tolterodine SR cap (DETROL LA equiv) | - | 1 |
| TOVIAZ TAB | - | 2 |
| URINARY ANTISPASMODICS | | |
| hyoscyamine tab (LEVSIN equiv) | - | 1 |
| URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS | | |
| bethanechol tab (URECHOLINE equiv) | - | 1 |
| VACCINES | | |
| BACTERIAL VACCINES | | |
| PNEUMOVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| PREVNAR 13 INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| VIRAL VACCINES | | |
| AFLURIA INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| AFLURIA INJ, FLUZONE INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUBLOK INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUBLOK QUAD PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUCELVAX INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUCELVAX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUMIST QUADRIVALENT NASAL SUSP (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUVIRIN INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUVIRIN PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUZONE HIGH DOSE PF INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
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**Colorado Access Child Health Plan Plus State Managed Care Network
Category/Class**

Last Updated* 6/1/2019

| DrugName | Special Code | Tier |
|--|--------------|------|
| VACCINES Cont. | | |
| FLUZONE INTRADERMAL INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUZONE QUADRIVALENT INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| FLUZONE/FLUARIX QUAD INJ (QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older) | QL-VAC | \$0 |
| VAGINAL PRODUCTS | | |
| MISCELLANEOUS VAGINAL PRODUCTS | | |
| ACIDIC VAGINAL JELLY | - | 2 |
| SPERMICIDES | | |
| CONTRACEPTIVE GEL | OTC | \$0 |
| TODAY SPONGE | OTC | \$0 |
| vcf vaginal gel (CONCEPTROL equiv) | OTC | \$0 |
| VAGINAL ANTI-INFECTIVES | | |
| clindamycin vaginal cream (CLEOCIN equiv) | - | 1 |
| metronidazole vaginal gel (METROGEL equiv) | - | 1 |
| NYSTATIN VAGINAL TAB | - | 1 |
| terconazole cream (TERAZOL equiv) | - | 1 |
| TERCONAZOLE CREAM 8% | - | 1 |
| terconazole supp (TERAZOL equiv) | - | 1 |
| AVC VAGINAL CREAM | - | 2 |
| VAGINAL ESTROGENS | | |
| ESTRING (3 copays per Rx) | - | 2 |
| PREMARIN VAGINAL CREAM | - | 2 |
| VASOPRESSORS | | |
| ANAPHYLAXIS THERAPY AGENTS | | |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) (QL= 2 inj/fill) | QL | 1 |
| epinephrine pen inj 0.3mg (EPIPEN equiv) (QL= 2 inj/fill) | QL | 1 |
| VASOPRESSORS | | |
| epinephrine inj | - | 1 |
| midodrine tab (PROAMATINE equiv) | - | 1 |
| VITAMINS | | |
| OIL SOLUBLE VITAMINS | | |
| phytonadione tab (MEPHYTON equiv) | - | 1 |
| vitamin D cap (RX strength only) | - | 1 |
| WATER SOLUBLE VITAMINS | | |
| POTABA POWDER PACKET | - | 2 |
| POTABA TAB | - | 2 |

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**Colorado Access Child Health Plan Plus State Managed Care Network
Prior Authorization Drug List
Last Updated* 6/1/2019**

Some products on the Formulary are only covered with a prior authorization approval. Drug products requiring prior authorization are listed below. The pharmacy will also alert members if the medication prescribed requires prior authorization. Please call Customer Service if you have further questions regarding prior authorizations.

| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|---------------------------|--|
| ACTEMRA ACTPEN INJ | 2 |
| ACTEMRA SC INJ | 2 |
| ACTIMMUNE INJ | 2 |
| ADAPALENE LOTION | 2 |
| ALINIA SUSP | 2 |
| ALINIA TAB | 2 |
| ambrisentan tab | 1 |
| ANDRODERM PATCH | 2 |
| armodafinil tab | 1 |
| BENZNIDAZOLE TAB | 2 |
| BERINERT INJ | 2 |
| bexarotene cap | 1 |
| CAYSTON INH SOLN | 2 |
| CEREZYME INJ | 2 |
| CIMZIA INJ | 2 |
| CIMZIA STARTER INJ KIT | 2 |
| CINRYZE INJ | 2 |
| clobazam tab | 1 |
| clobetasol foam | 1 |
| clobetasol spray | 1 |
| COSENTYX INJ (1-PACK) | 2 |
| COSENTYX INJ (2-PACK) | 2 |
| CYSTAGON CAP | 2 |
| CYSTARAN OPHTH SOLN | 2 |
| DESCOVY TAB | 2 |
| diclofenac gel | 1 |
| ENBREL INJ 25MG | 2 |
| ENBREL INJ 50MG | 2 |
| ENBREL MINI INJ | 2 |
| ENBREL SURECLICK INJ 50MG | 2 |
| ERWINAZE INJ | 2 |
| FANAPT TAB | 2 |
| FANAPT TITRATION PACK | 2 |
| FERRIPROX SOLN | 2 |
| FERRIPROX TAB | 2 |
| FIRAZYR INJ | 2 |
| FULPHILA INJ | 2 |
| GENOTROPIN INJ | 2 |
| GENVOYA TAB | 2 |
| GILENYA CAP | 2 |
| HAEGARDA INJ | 2 |
| HARVONI TAB | 2 |

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 Prior Authorization Drug List
 Last Updated* 6/1/2019**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|--|--|
| HEMLIBRA INJ | 2 |
| HUMIRA INJ 10MG | 2 |
| HUMIRA INJ 20MG | 2 |
| HUMIRA INJ 40MG | 2 |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | 2 |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | 2 |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | 2 |
| HUMIRA PEN INJ 40MG | 2 |
| HYCAMTIN CAP | 2 |
| hydroxyprogesterone inj | 1 |
| imatinib tab | 1 |
| INVEGA INJ | 2 |
| itraconazole cap | 1 |
| KALYDECO PAK | 2 |
| KALYDECO TAB | 2 |
| KEVZARA INJ | 2 |
| KINERET INJ | 2 |
| LEDIPASVIR/SOFOSBUVIR TAB | 2 |
| LEUKINE INJ | 2 |
| LYRICA CAP | 2 |
| LYRICA SOLN | 2 |
| MAKENA INJ | 2 |
| miglustat cap | 1 |
| modafinil tab | 1 |
| OPSUMIT TAB | 2 |
| ORENCIA CLICK INJ | 2 |
| ORENCIA SC INJ 125MG/ML | 2 |
| ORENCIA SC INJ 50MG/0.4ML | 2 |
| ORENCIA SC INJ 87.5MG/0.7ML | 2 |
| ORKAMBI GRANULES PACKET | 2 |
| ORKAMBI TAB | 2 |
| OTEZLA STARTER PACK | 2 |
| OTEZLA TAB | 2 |
| pimecrolimus cream | 1 |
| POTIGA TAB | 2 |
| PRALUENT INJ | 2 |
| REPATHA INJ | 2 |
| REPATHA PUSHTRONEX INJ | 2 |
| RETACRIT INJ | 2 |
| REVLIMID CAP | 2 |
| RISPERDAL INJ | 2 |
| RUCONEST INJ | 2 |

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**Colorado Access Child Health Plan Plus State Managed Care Network cont.
 Prior Authorization Drug List
 Last Updated* 6/1/2019**

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| Drug Name | Tier # for Drug Copay (if prior auth is approved) |
|-------------------------------|--|
| SAPHRIS SL TAB | 2 |
| sildenafil tab 20mg | 1 |
| sodium phenylbutyrate powder | 1 |
| sodium phenylbutyrate tab | 1 |
| SOMAVERT INJ | 2 |
| SOVALDI TAB | 2 |
| SPRYCEL TAB | 2 |
| SUTENT CAP | 2 |
| SYMDEKO TAB | 2 |
| SYNAGIS INJ | 2 |
| tadalafil tab (PAH) | 1 |
| TAKHZYRO INJ | 2 |
| TASIGNA CAP | 2 |
| testosterone cypionate inj | 1 |
| testosterone enanthate inj | 1 |
| testosterone gel 1% 25mg | 1 |
| testosterone gel 1% 50mg | 1 |
| testosterone gel 1% pump | 1 |
| testosterone gel 1.62% 1.25gm | 1 |
| testosterone gel 1.62% 2.5gm | 1 |
| TESTOSTERONE GEL PUMP | 2 |
| testosterone gel pump 1.62% | 1 |
| THALOMID CAP | 2 |
| TRACLEER TAB 32MG | 2 |
| TRACLEER TAB 62.5MG, 125MG | 2 |
| TRUVADA TAB | 2 |
| TYVASO INH SOLN | 2 |
| venlafaxine ER cap | 1 |
| venlafaxine tab | 1 |
| VENTAVIS INH SOLN | 2 |
| vigabatrin powder pack | 1 |
| vigabatrin tab | 1 |
| ZOLINZA CAP | 2 |
| ZORTRESS TAB | 2 |

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**Colorado Access Child Health Plan Plus State Managed Care Network
Last Updated* 6/1/2019
Over-the-Counter (OTC)**

- The following OTC drugs are a covered benefit with a prescription

Over-the-Counter (OTC) Medications

| | | | |
|---|------------------------------------|---|---|
| ACCU-CHEK AVIVA PLUS METER | ACCU-CHEK AVIVA PLUS TEST STRIP | ACCU-CHEK GUIDE CARE METER | ACCU-CHEK GUIDE ME KIT |
| ACCU-CHEK GUIDE TEST STRIP | ACCU-CHEK NANO METER | ACCU-CHEK SMARTVIEW TEST STRIP | ACCU-CHEK TEST STRIP |
| AEROCHAMBER buffered aspirin | ALCOHOL SWABS | B-D INSULIN SYRINGE | B-D PEN NEEDLE |
| cetirizine/pseudoephedrine 12-hour tab | CALIBRATION LIQUID | cetirizine syrup | cetirizine tab |
| fexofenadine OTC | CLINISTIX TEST STRIP | CONTRACEPTIVE GEL | FEMALE CONDOMS |
| | fexofenadine susp | fexofenadine/pseudoephedri e 12-hour tab | fexofenadine/pseudoephedri e 24-hour tab |
| FREESTYLE FREEDOM LITE METER | FREESTYLE INSULINX METER | FREESTYLE INSULINX TEST STRIP | FREESTYLE LITE METER |
| FREESTYLE LITE TEST STRIP | FREESTYLE PRECISION NEO METER | FREESTYLE PRECISION NEO TEST STRIP | FREESTYLE TEST STRIP |
| GUAIFENESIN/CODEINE SYRUP | HUMULIN N INJ | KETO-DIASTIX TEST STRIF | KETOSTIX |
| LANCET KIT | LANCETS | lansoprazole cap | levonorgestrel tab |
| loratadine ODT | loratadine syrup | loratadine tab | loratadine/pseudoephedrine 12-hour tab |
| loratadine/pseudoephedrine 24-hour tab | nicotine patch | NOVOFINE PEN NEEDLE | NOVOLIN INJ |
| NOVOTWIST PEN NEEDLE | NOVOTWIST/NOVOFINE PEN NEEDLE | PEAK FLOW METER | PRECISION XTRA METER |
| PRECISION XTRA TEST STRIP | PREVACID OTC CAP | sodium chloride neb soln | TODAY SPONGE |
| vcf vaginal gel | | | |

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Colorado Access Child Health Plan Plus State Managed Care Network
Last Updated* 6/1/2019
Mandatory Specialty Pharmacy (MSP)

- Navitus utilizes a specialty pharmacy, experienced in handling specialty drugs, to coordinate personalized support for members impacted by chronic illnesses and complex diseases.
- Specialty drugs are only available for a one month supply due to their high cost and use.
- The following drugs are required to be filled through a Specialty Pharmacy provider.

Mandatory Specialty Pharmacy (MSP) Medications

| | | | |
|---|--|---|---|
| ACTEMRA ACTPEN INJ ambrisentan tab | ACTEMRA SC INJ AVONEX INJ | ACTIMMUNE INJ AVONEX INJ | ALFERON-N INJ BERINERT INJ |
| BETASERON INJ capecitabine tab | BETHKIS NEB SOLN CAYSTON INH SOLN | bexarotene cap CEREZYME INJ | CALCITRIOL INJ CIMZIA INJ |
| CIMZIA STARTER INJ KIT CYSTAGON CAP | CINRYZE INJ CYSTARAN OPHTH SOLN | COSENTYX INJ (1-PACK) deferasirox tab | COSENTYX INJ (2-PACK) ENBREL INJ 25MG |
| ENBREL INJ 50MG | ENBREL MINI INJ | ENBREL SURECLICK INJ 50MG | etoposide cap |
| EXTAVIA INJ FUZEON INJ | FERRIPROX SOLN GENOTROPIN INJ | FERRIPROX TAB GILENYA CAP | FIRAZYR INJ glatiramer inj |
| HAEGARDA INJ HUMIRA INJ 20MG | HARVONI TAB HUMIRA INJ 40MG | HEMLIBRA INJ HUMIRA INJ | HUMIRA INJ 10MG HUMIRA INJ PEDIATRIC |
| | | CROHNS/UC/HIDRADENITI STARTER PACK | CROHNS STARTER PACK |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | HUMIRA PEN INJ 40MG | HYCANTIN CAP | hydroxyprogesterone inj |
| imatinib tab KALYDECO PAK | INCRELEX INJ KALYDECO TAB | JADENU SPRINKLE KEVZARA INJ | JADENU TAB KINERET INJ |
| KITABIS PAK NEB SOLN | LEDIPASVIR/SOFOSBUVIR TAB | LEUKINE INJ | LYSODREN TAB |
| MAKENA INJ MODERIBA DOSE PACK | MESNEX TAB MODERIBA PAK | MIACALCIN INJ MYLERAN TAB | miglustat cap nilutamide tab |
| NIVESTYM INJ ORENCIA SC INJ 125MG/ML | octreotide inj ORENCIA SC INJ 50MG/0.4ML | OPSUMIT TAB ORENCIA SC INJ 87.5MG/0.7ML | ORENCIA CLICK INJ ORKAMBI GRANULES PACKET |
| ORKAMBI TAB PEGASYS INJ KIT | OTEZLA STARTER PACK PEG-INTRON INJ | OTEZLA TAB PULMOZYME INH SOLN | PEGASYS INJ REBETOL SOLN |
| REBIF INJ RUCONEST INJ | REVLIMID CAP SANDOSTATIN INJ | ribavirin cap SOMAVERT INJ | ribavirin tab SOVALDI TAB |
| SPRYCEL TAB tadalafil tab (PAH) | SUTENT CAP TAKHZYRO INJ | SYMDEKO TAB TARGRETIN GEL | SYNAGIS INJ TASIGNA CAP |
| temozolomide cap TRACLEER TAB 62.5MG, 125MG | THALOMID CAP tretinoin cap | tobramycin neb soln TYVASO INH SOLN | TRACLEER TAB 32MG UDENYCA INJ |
| VENTAVIS INH SOLN ZOLINZA CAP | vigabatrin powder pack | vigabatrin tab | ZARXIO INJ |

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Colorado Access Child Health Plan Plus State Managed Care Network
Last Updated* 6/1/2019
Step Therapy (ST)

- The following drugs are covered on the formulary with a Step Therapy.

Step Therapy (ST) Medications

| Drug Name | Step Therapy Requirements |
|---|--|
| BANZEL SUSP | QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate |
| BANZEL TAB | QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate |
| BETASERON INJ | Step Therapy requires trial of 2 of the 3 products: AVONEX, REBIF, COPAXONE |
| budesonide SR cap | Step Therapy requires trial of APRISO, LIALDA, or sulfasalazine |
| celecoxib cap | QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS |
| fluvoxamine ER cap | Step Therapy requires trial of citalopram, escitalopram, sertraline, fluoxetine, fluvoxamine or paroxetine |
| LATUDA TAB | QL= 1 tab/day; Step Therapy requires trial of quetiapine |
| levalbuterol neb soln | Step Therapy requires trial of albuterol neb |
| nevirapine ER tab | Step Therapy requires trial of nevirapine |
| paliperidone ER tab | Step Therapy requires trial of risperidone, GEODON, olanzapine or SEROQUEL |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| tranexamic acid tab | QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID |
| VIMPAT TAB | QL= 2 tabs/day, Step Therapy requires trial of carbamazepine, divalproex, lamotrigir or topiramate |

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**Colorado Access Child Health Plan Plus State Managed Care Network
Smoking Cessation Agents
Last Updated* 6/1/2019**

| Drug Name | Tier # for Drug Copay |
|--------------------------|------------------------------|
| nicotine patch(Rx Only) | 1 |

Coverage of medications, including those not otherwise identified by qualifiers such as QL/PA/ST, may be subject to safety screenings and other clinical edits in the course of claims transaction processing.** Products listed may not be all inclusive and are subject to change.

Colorado Access Child Health Plan Plus State Managed Care Network
Last Updated* 6/1/2019
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|------------------------------|---|
| ABILIFY DISCMELT | QL= 1 tab/day |
| ACTEMRA ACTPEN INJ | QL= 2 inj/28 days |
| ACTEMRA SC INJ | QL= 2 inj/28 days |
| ADDERALL XR CAP | QL= 2 caps/day |
| AFLURIA INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| AFLURIA INJ, FLUZONE INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| ALINIA SUSP | QL= 60ml/3 days |
| ALINIA TAB | QL= 6 tabs/3 days |
| ANDRODERM PATCH | QL= 1 patch/day |
| aprepitant cap | QL= 3 caps/fill |
| aprepitant pak | QL= 3 caps/fill |
| aripiprazole ODT | QL= 1 tab/day |
| aripiprazole tab | QL= 1 tab/day |
| armodafinil tab | QL= 1 tab/day |
| ARNUITY ELLIPTA INHALER | QL= 1 inhaler/30 days |
| ASMANEX HFA INHALER | QL= 1 inhaler/30 days |
| ASMANEX INHALER | QL= 1 inhaler/30 days |
| atomoxetine cap | QL= 1 cap/day |
| atorvastatin tab 10mg | QL= 1 tab/day |
| atorvastatin tab 20mg | QL= 1 tab/day |
| azelastine nasal spray 0.1% | QL= 1 bottle/month |
| azelastine nasal spray 0.15% | QL= 1 bottle/month |
| BANZEL SUSP | QL= 2400ml/30 days; Step Therapy requires trial of valproic acid, lamotrigine, FELBATOL or topiramate |
| BANZEL TAB | QL= 8 tabs/day; Step Therapy requires the trial of valproic acid, lamotrigine, FELBATOL, or topiramate |
| bimatoprost ophth soln | QL= 2.5ml/30 days |
| butorphanol nasal spray | QL= 1 bottle/30 days |
| BYDUREON BCISE AUTO INJ | QL= 4 inj/28 days |
| BYDUREON INJ | QL= 4 inj/28 days |
| BYDUREON PEN INJ | QL= 4 inj/28 days |
| calcitonin nasal spray | QL= 1 bottle/30 days |
| celecoxib cap | QL= 2 caps/day; Step Therapy requires trial of 2 generic NSAIDS |
| cetirizine syrup | QL= 300 ml/30 days |
| CIMZIA INJ | QL= 2 inj/28 days |
| CIMZIA STARTER INJ KIT | QL= 1 kit/plan year |
| CINRYZE INJ | QL= 16 vials/28 days; Only available through CVS Specialty 800-237-2767 |
| clobazam tab | QL= 2 tabs/day |
| clonidine ER tab | QL= 2 tabs/day |
| COSENTYX INJ (1-PACK) | QL= 1 inj/28 days |
| COSENTYX INJ (2-PACK) | QL= 2 inj/28 days |

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Colorado Access Child Health Plan Plus State Managed Care Network Cont.
Last Updated* 6/1/2019
Quantity Limit (QL)

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--|--|
| desmopressin acetate nasal spray | QL= 6 bottles/30 days |
| dexmethylphenidate ER cap | QL= 1 cap/day |
| diclofenac gel | QL= 300gm/30 days |
| diclofenac gel 1% | QL= 5 tubes/fill |
| donepezil ODT | QL= 1 tab/day |
| donepezil tab | QL= 2 tabs/day |
| ELLA TAB | QL= 1 tab/28 days |
| ENBREL INJ 25MG | QL= 8 inj/28 days |
| ENBREL MINI INJ | QL= 4 inj/28 days |
| EPINEPHRINE PEN INJ 0.15MG (MYLAN) | QL= 2 inj/fill |
| epinephrine pen inj 0.3mg | QL= 2 inj/fill |
| escitalopram soln | QL= 600 units/30 days |
| escitalopram tab | QL= 1 tab/day |
| eszopiclone tab | QL= 1 tab/day |
| FLUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUBLOK INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUBLOK QUAD PF INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUCELVAX INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUCELVAX QUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLULAVAL QUAD INJ, FLUZONE QUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUMIST QUADRIVALENT NASAL SUSP | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUVIRIN INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUVIRIN PF INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE HIGH DOSE PF INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE INTRADERMAL INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE QUADRIVALENT INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FLUZONE/FLUARIX QUAD INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for membe 10 years and older |
| FORTICAL NASAL SPRAY | QL= 1 bottle/30 days |
| granisetron tab | QL= 9 tabs/fill |
| GUAIFENESIN/CODEINE SYRUP | QL= 240ml/fill |

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**Colorado Access Child Health Plan Plus State Managed Care Network Cont.
Last Updated* 6/1/2019
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|---|---|
| guanfacine ER tab | QL= 1 tab/day |
| HARVONI TAB | QL= 1 tab/ day |
| HUMIRA INJ 10MG | QL= 2 syringes/28 days |
| HUMIRA INJ 20MG | QL= 2 syringes/28 days |
| HUMIRA INJ 40MG | QL= 2 syringes/28 days |
| HUMIRA INJ CROHNS/UC/HIDRADENITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PEDIATRIC CROHNS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA INJ PSORIASIS/UVEITIS STARTER PACK | QL= 1 pack/fill, 1 fill/plan year |
| HUMIRA PEN INJ 40MG | QL= 2 pens/28 days |
| hydrocodone/chlorpheniramine/pseudoephedrine liquid | QL= 120ml/fill, 2 fills/month |
| HYSINGLA ER TAB | QL= 1 tab/day |
| KALYDECO PAK | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| KALYDECO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ketorolac tab | QL= 20 tabs/5 days |
| KEVZARA INJ | QL= 2 inj/28 days |
| lansoprazole cap | QL= 2 caps/day |
| lansoprazole odt | QL= 2 tabs/day |
| latanoprost ophth soln | QL= 2.5ml/30 days |
| LATUDA TAB | QL= 1 tab/day; Step Therapy requires trial of quetiapine |
| LEDIPASVIR/SOFOSBUVIR TAB | QL= 1 tab/ day |
| lidocaine oint | QL= 107gm/30 days |
| LUMIGAN OPHTH SOLN | QL= 2.5ml/30 days |
| malathion lotion | QL= 1 bottle/7 days; Limited to 2 fills/year |
| medroxyprogesterone inj | QL= 1 inj/90 days |
| methylergonovine tab | QL= 28 tabs/fill; 1 fill/365 days |
| METHYLPHENIDATE ER TAB | QL= 1 tab/day |
| METHYLPHENIDATE ER TAB 36MG | QL= 2 tabs/day |
| MIACALCIN INJ | QL= 2 units/30 days |
| MIACALCIN NASAL SPRAY | QL= 1 bottle/30 days |
| modafinil tab | QL= 2 tabs/day |
| MOVIPREP SOLN | QL= 1 bottle/fill |
| NALOXONE PREFILLED INJ | QL= 2 inj/fill |
| naratriptan tab | QL= 9 tabs/30 days |
| NARCAN NASAL SPRAY | QL= 2 sprays/fill |
| olanzapine ODT | QL= 1 tab/day |
| olanzapine tab | QL= 1 tab/day |
| olanzapine tab 10mg | QL= 2 tabs/day |

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**Colorado Access Child Health Plan Plus State Managed Care Network Cont.
Last Updated* 6/1/2019
Quantity Limit (QL)**

• The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|--------------------------------------|---|
| olopatadine ophth soln 0.2% | QL= 2.5ml/30 days |
| omeprazole DR cap | QL= 2 caps/day |
| OPSUMIT TAB | QL= 1 tab/day; Only available through Walgreens 888-347-3416 |
| ORENCIA CLICK INJ | QL= 4 inj/28 days |
| ORENCIA SC INJ 125MG/ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 50MG/0.4ML | QL= 4 inj/28 days |
| ORENCIA SC INJ 87.5MG/0.7ML | QL= 4 inj/28 days |
| ORKAMBI GRANULES PACKET | QL= 2 packets/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| ORKAMBI TAB | QL= 4 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| oseltamivir cap | QL= 10 caps/fill |
| oseltamivir cap 30mg | QL= 20 caps/fill |
| oseltamivir susp | QL= 250ml/fill |
| OTEZLA STARTER PACK | QL= 1 pack/28 days |
| OTEZLA TAB | QL= 2 tabs/day |
| OXYCONTIN CR TAB | QL= 120 tabs/30 days |
| OZEMPIC INJ | QL= 1 pack/28 days |
| permethrin cream | QL= 60gm/30 days |
| PNEUMOVAX INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older |
| POTIGA TAB | QL= 3 tabs/day |
| PRALUENT INJ | QL= 2 inj/28 days |
| PREVACID OTC CAP | |
| PREVNAR 13 INJ | QL= 2 inj/8 months for members 9 years and younger; QL= 1 inj/8 months for members 10 years and older |
| quetiapine tab | QL= 3 tabs/day |
| quetiapine XR tab | QL= 2 tabs/day |
| REGRANEX GEL | QL= 30gm/fill |
| RELENZA DISKHALER | QL= 1 inhaler/fill |
| REPATHA INJ | QL= 2 inj/28 days |
| REPATHA PUSHTRONEX INJ | QL= 1 inj/28 days |
| REVLIMID CAP | QL= 1 cap/day |
| rizatriptan ODT | QL= 12 tabs/30 days |
| rizatriptan tab | QL= 12 tabs/30 days |
| SOVALDI TAB | QL= 1 tab/day |
| SPIRIVA RESPIMAT INHALER 1.25MCG/ACT | QL= 1 inhaler/30 days; Step Therapy requires trial of ADVAIR, BREO, DULERA, or FLUTICASONE/SALMETEROL |
| STRIBILD TAB | QL= 1 tab/day |
| sumatriptan inj | QL= 6 inj/30 days |
| SUMATRIPTAN INJ 6MG/0.5ML | QL= 6 inj/30 days |
| sumatriptan nasal spray | QL= 6 sprays/fill, 2 fills/30 days |
| sumatriptan tab | QL= 9 tabs/30 days |

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**Colorado Access Child Health Plan Plus State Managed Care Network Cont.
Last Updated* 6/1/2019
Quantity Limit (QL)**

- The following drugs are covered on the formulary with a Quantity Limit.

Quantity Limit (QL) Medications

| Drug Name | Quantity Limit |
|-------------------------------|---|
| sumatriptan tab 25mg | QL= 18 tabs/30 days |
| sumatriptan vial inj | QL= 5 inj/fill, 2 fills/30 days |
| SYMDEKO TAB | QL= 2 tabs/day; Only available through Maxor Pharmacy 800-658-6046 or Walgreens 888-347-3416 |
| TAKHZYRO INJ | QL= 2 inj/28 days; Only available through CVS Specialty 800-237-2767 |
| TESTOSTERONE GEL 1% 25MG | QL= 1 packet/day |
| TESTOSTERONE GEL 1% 50MG | QL= 2 packets/day |
| testosterone gel 1% pump | QL= 4 bottles/30 days |
| testosterone gel 1.62% 1.25gm | QL= 1 packet/day |
| testosterone gel 1.62% 2.5gm | QL= 2 packets/day |
| TESTOSTERONE GEL PUMP | QL= 4 bottles/30 days |
| testosterone gel pump 1.62% | QL= 2 bottles/30 days |
| tranexamic acid tab | QL= 1 tab/day; Step Therapy requires trial of 1 generic NSAID |
| TRAVATAN Z OPHTH SOLN | QL= 5ml/30 days |
| TRIUMEQ TAB | QL= 1 tab/day |
| TRUVADA TAB | QL= 1 tab/day |
| VENTOLIN HFA INHALER | QL= 2 inhalers/30 days |
| V-GO INJ KIT | QL= 1 kit/day |
| VICTOZA INJ | QL= 9ml/30 days |
| VIMPAT INJ | QL= 1200 units/30 days |
| VIMPAT SOLN | QL= 600 ml/30 days |
| VIMPAT TAB | QL= 2 tabs/day, Step Therapy requires trial of carbamazepine, divalproex, lamotrigine or topiramate |
| ziprasidone cap | QL= 2 caps/day |
| ZYLET OPHTH SUSP | QL= 5ml/fill (10ml bottle is Not Covered) |

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